## 6TL09B7D92 18-06499

## **WISCONSIN MOTOR VEHICLE CRASH REPORT**

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913** (608) 356-4895

	Document Number Override	Primary Crash Docume	nt# A	Agency Crash Number		mber	Investigating Officer/Deputy DEPUTY A. MEEKER				
7	Crash Date	Crash Time	D	Date Arrived			Time	Time Arrived			
0	06/20/2018 10:06 PM										
0	Date Notified	Time Notified	Т	otal Unit	S		Total	Injured	Total Killed	d	
09B7D	06/20/2018	10:08 PM	0	01			00		00		
60	On Emergency H	it and Run	Lane Closure W			rk Zone		Trailer or Towed		Reporting Threshold	
eTL	Government Active School Zo			School Bus Related NO			Tags	Tags			
	<b>✓</b> Reportable	ED ANIMAL	ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
	ON CTHK WB					Latitude Longitude					
	516 FT E					43.52506	6966		-90.051971037		
	OF TWIN PINE RD IN THE TOWN OF REEDSBI	IRG				X Coordinate			Y Coord	Y Coordinate	
	IN SAUK COUNTY	J. C.				253361.375 4823651.5					
					Structure Type NO STRUCTURE						
(	Crash Scene										
י ו	First Harmful Event					First Harm	ful Event Le	ontion			
	NON DOMESTICATED ANIN	ΛΔΙ (ΔΙΙΝΈ)				First Harmful Event Location ON ROADWAY					
ŀ	Manner of Collision	IAL (ALIVE)				Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT				Light Condition					
ŀ	Road Surface Condition(s)					Roadway I	Factor(s)				
	(-)					Trouble (c)					
	Environment Factor(s)										
ŀ	Weather Condition(s)										
	Weather Condition(s)										
ĺ	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification						
	PUBLIC PROPERTY					NO SPECIAL JURIS				1	
	Tribal Land					Access Control				Special Study	
Į											
- (	Unit Summary										
	Unit Status			Vehicle Operating As Classification				Unit Type			
	IN TRANSIT			D CLASS				AUTOMOB			
7	Vehicle Type					Operating As Endorsements					
_	PASSENGER CAR Total Occs Train/Bus # Injured Total # Citations Issued				1 +		ers Total HazMat Types		M . T		
				Total # Citations Issued						Mat Types	
ļ	3	Direction Of Travel				0 Speed Lim		0 Total Lanes			
	Insurance? YES	Direction Of Travel  WESTBOUND  Pre Crash  Mark				e Speed Lim		nit Total Lanes		ರಾ	
LNO	Most Harmful Event: Collision With			Special Function				Emergence	Emergency Motor Vehicle Use		
5	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			TION		NOT APPLICABLE		
-	Traffic Way								Traffic Control Inoperative/Missing		
	Traine way			Traffic Control			Trailic Coi		nitor moperative/iviissing		
	Surface Type			Road Curvature				Road Grade			

Crash Date 06/20/2018 Crash Time 10:06 PM

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	-	I D II M. (							
	NO	ck Bus or HazMat							
		v							
	•	Vehicle		10:					
		License Plate Number 653ZXE	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance UNITED STATES				
		Vehicle Identification Number	Make	Year	Model				
5	6	4S3GKAA68H3604746	SUBARU 2017		IMPREZA				
		Color BLU - BLUE	Body Style 4D - 4DR		Bus Use NOT A BUS				
_	Щ	Initial Contact Point	Vehicle Damage						
LIND	$\cong$	12FRONT	12 EDONT	12FRONT					
	VEHICL	Extent Of Damage DISABLING DAMAGE	12-FRONT						
		Towed Due To Damage	Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE							
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions NO CONTRIBUTING ACTION							
_	VEHICLE	NO CONTRIBUTING ACTION							
LINO	Ħ								
_	>								
		Driver Distractions							
		NOT DISTRACTED							
2	5								
		Owner Name	Owner Address	Owner Address					
		Owner Name	Omici Addiess						
		Balland Hallan							
Ę		Policy Holder Insurance Company	In all dates						
5		STATE-FARM-GENERAL-INS-CO	Individual SOTO CORDERO						
	1	Individual							
		Driver	Citations Issued		Sex				
	7	SOTO BILLY CORDERO (608) 604-4782	0		MALE				
_	INDIVIDUAL	(444) 44 1 11 11	Date of Birth		Race WHITE				
		Address	Driver License Number	Driver License Number					
		279 E 6TH ST RICHLAND CENTER, WI 53581 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		, ,							
		Equipment On Duty Crash	Safety Equipment SHOULDER & LAP BELT						
		Seat Position							
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						

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5	001	Injury	Injury Severity  NO APPARENT INJURY		Airbag					
		Ejected			Ejection Path		Trapped/Extricated			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit # Prior Action		Location			To/From School		
		Action								
_	JAL									
LIND	INDIVIDUAL									
	N									
		Action Other								
	L	Drug & Alcohol Suspected Alcohol Use NO			Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results			
20	001	Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
		Drug Type								
		Individual Condition								
		APPEARED NORMAL								