# 6TL0BGSFBQ

18-06577

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|                   | Document Number Override Primary Crash Document #   |                        |                     | Agency Crash Number<br>18-06577      |   |  |              | Investigating Officer/Deputy DEPUTY B. LUBER  |                    |                        |
|-------------------|---|------------------------|---------------------|--------------------------------------|---|--|--------------|---|--------------------|------------------------|
| <b>6TL0BGSFBQ</b> | Crash Date<br>06/22/2018  | Crash Time<br>09:40 PM |                     | Date Arrived                         |   | Time   | Time Arrived |   |                    |                        |
|                   | Date Notified 06/22/2018  | Time Notified 09:40 PM |                     | Total Units 01                       |   | То<br><b>00</b>  |              | Injured                                       | Total Killed<br>00 |                        |
|                   | On Emergency  | and Run                |                     | osure Work Zon                       |   | k Zone   |              | Trailer or Tov                                |                    | Reporting<br>Threshold |
|                   | Government<br>Property Active School Zone   |                        |                     | School Bus Related                   |   |  | Tags         | Tags  |                    |                        |
| •                 | ✓ Reportable  |                        | ANIMAL W/ NO INJURY |                                      |   |  |              |   | Secondary<br>Crash |                        |
|                   | ✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |                        |                     |                                      |   |  |              |   |                    |                        |
| ļ                 | Location  |                        |                     |                                      |   |  |              |   |                    |                        |
| -                 | ON STH33 WB<br>104 FT N   |                        |                     |                                      | Latitude<br>43.606702618                    |  |              | Longitude<br>-90.138622925                    |                    |                        |
|                   | OF THOMPSON RD<br>IN THE TOWN OF LA VALLE   |                        |                     |                                      | X Coordinate 246701.09375                   |  |              | Y Coordinate<br>4832979                       |                    |                        |
|                   | IN SAUK COUNTY  |                        |                     |                                      |   | 246/01.0375         4652979           Structure Type         1 |              |   |                    |                        |
|                   | Crash Scene   |                        |                     |                                      |   |  |              |   |                    |                        |
| 1                 | First Harmful Event   |                        |                     |                                      |   |  | ful Event Lo | cation  |                    |                        |
|                   | NON DOMESTICATED ANIMAL (ALIVE)   |                        |                     |                                      |   | ON ROADWAY   |              |   |                    |                        |
|                   | Manner of Collision   | . ,                    |                     |                                      |   | Light Condition  |              |   |                    |                        |
|                   | NO COLLISION W/VEHICLE  | IN TRANSPOR            | т                   |                                      |   |  |              |   |                    |                        |
|                   | Road Surface Condition(s)   |                        |                     |                                      | Roadway Factor(s)                           |  |              |   |                    |                        |
|                   | Environment Factor(s)   |                        |                     |                                      |   |  |              |   |                    |                        |
|                   |   |                        |                     |                                      |   |  |              |   |                    |                        |
|                   | Weather Condition(s)  |                        |                     |                                      |   |  |              |   |                    |                        |
|                   | Animal Type DEER  |                        |                     |                                      | Relation To Trafficway TRAFFICWAY - ON ROAD |  |              |   |                    |                        |
|                   | Crash Classification - Location   |                        |                     |                                      | Crash Classification - Jurisdiction         |  |              |   |                    |                        |
|                   | PUBLIC PROPERTY   |                        |                     |                                      | NO SPECIAL JURISDICTION                     |  |              |   |                    |                        |
|                   | Tribal Land   |                        |                     |                                      | Access Control Special Study                |  |              |   |                    |                        |
|                   | Unit Summary  |                        |                     |                                      |   |  |              |   |                    |                        |
|                   | Unit Status Vehicle Operating As C  |                        |                     |                                      |   | assification   |              | Unit Type                                     |                    |                        |
|                   |   |                        |                     | D CLASS                              |   | AUTOMOE  |              | BILE  |                    |                        |
| 1                 | Vehicle Type  |                        |                     |                                      | Operating As Endorsements                   |  |              |   |                    |                        |
| 01                | PASSENGER CAR   |                        |                     |                                      |   |  |              |   |                    |                        |
|                   | Total Occs<br>2   | Train/Bus # Injure     | d Tot<br>0          | Total # Citations Issue<br>0         |   |  | Total Trail  | I Trailers T<br>0                             |                    | Mat Types              |
| Г                 |   | Direction Of Trave     |                     |                                      | rashTire<br>Mark                            |  | Speed Lim    | nit   | Total Lan          | es                     |
| UNIT              | Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)                              |                        |                     | Special Function NO SPECIAL FUNCTION |   |  | L            | Emergency Motor Vehicle Use<br>NOT APPLICABLE |                    |                        |
|                   | Traffic Way   |                        |                     | Traffic Control                      |   |  |              | Traffic Control Inoperative/Missing           |                    |                        |
|                   | Surface Type  |                        |                     | Road Curvature                       |   |  |              | Road Grade                                    |                    |                        |
|                   |   |                        |                     |                                      |   |  |              |   |                    |                        |

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|      | Truc<br>NO  | Truck Bus or HazMat NO                            |   |  |                                   |  |  |  |  |
|------|-------------|---|---|--|-----------------------------------|--|--|--|--|
|      | 1           | Vehicle   |   |  |                                   |  |  |  |  |
|      |             | License Plate Number<br>895XAE                    | Plate Type<br>AUT - AUTOMOBILE              | St<br>WI   | Country of Issuance UNITED STATES |  |  |  |  |
| 0    | 6           | Vehicle Identification Number 1N4BA41E76C821567   | Make<br>NISSAN                              | Year<br><b>2006</b>  | Model<br>MAXIMA                   |  |  |  |  |
| UNIT |             | Color<br>WHI - WHITE                              | Body Style<br>SD - SEDAN                    |  | Bus Use<br>NOT A BUS              |  |  |  |  |
|      | VEHICLE     | Initial Contact Point 12FRONT Extent Of Damage    | Vehicle Damage                              |  |                                   |  |  |  |  |
|      | <pre></pre> | DISABLING DAMAGE                                  | Vehicle Removed By                          |  |                                   |  |  |  |  |
|      |             | TOWED DUE TO DISABLING DAMAGE                     |   | STEVES AUTO SERVICE  |                                   |  |  |  |  |
|      |             | What Driver Was Doing                             | Vehicle Factors                             | ehicle Factors   |                                   |  |  |  |  |
|      |             | Driver Prior Action Other                         |   |  |                                   |  |  |  |  |
| UNIT | VEHICLE     | Driver Actions NO CONTRIBUTING ACTION             |   |  |                                   |  |  |  |  |
|      | >           | Driver Distractions UNKNOWN IF DISTRACTED         |   |  |                                   |  |  |  |  |
| 01   | 01          |   |   |  |                                   |  |  |  |  |
| 0    | J           |   |   |  |                                   |  |  |  |  |
|      |             | Owner Name  | Owner Address                               |  |                                   |  |  |  |  |
| F    | l           | Policy Holder                                     |   |  |                                   |  |  |  |  |
| UNIT |             | Insurance Company<br>GEICO-CASUALTY-CO            | Individual<br>REECE CALHOUN                 |  |                                   |  |  |  |  |
|      | l           | ndividual   |   |  |                                   |  |  |  |  |
|      |             | Driver<br>REECE JERED CALHOUN                     | Citations Issued<br>0                       |  | Sex<br>MALE                       |  |  |  |  |
| F    | INDIVIDUAL  | (608) 547-4661                                    | Date of Birth                               |  | Race<br>WHITE                     |  |  |  |  |
| UNIT |             | Address<br>1022 HEELER ST<br>TOMAH, WI 54660 , US | Driver License Number<br>STATE: WISCONSIN C | Driver License Number<br>STATE: WISCONSIN COUNTRY: UNITED STATES |                                   |  |  |  |  |
|      |             | Con Duty Crash                                    | Safety Equipment                            | Safety Equipment   |                                   |  |  |  |  |
|      |             | Seat Position                                     | RESTRAINT USE UNK                           | RESTRAINT USE UNKNOWN  |                                   |  |  |  |  |
|      |             | Helmet Use  | Helmet Compliance                           | Helmet Compliance  |                                   |  |  |  |  |
|      |             | Eye Protection                                    | Tint Compliance                             | Tint Compliance  |                                   |  |  |  |  |

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| 6    | 001               | Injury                            | Injury Severity<br>NO APPARENT INJURY |              | Airbag                |          |                      |                |  |  |
|------|-------------------|-----------------------------------|---------------------------------------|--------------|-----------------------|----------|----------------------|----------------|--|--|
|      |                   | Ejected                           |                                       |              | Ejection Path         |          | Trapped/Extricated   |                |  |  |
|      |                   | Medical Transport<br>NOT TRANSPOR | TED                                   |              | EMS Agency Ident      | ifier    | EMS Run #            |                |  |  |
|      |                   | Hospital                          |                                       |              | Date of Death         |          | Time of Death        |                |  |  |
|      |                   | Non Motorist                      | Striking Unit #                       | Prior Action |                       | Location |                      | To/From School |  |  |
|      |                   | Action                            |                                       |              |                       |          |                      |                |  |  |
| ⊢    | UAL               |                                   |                                       |              |                       |          |                      |                |  |  |
| UNIT | INDIVIDUAL        |                                   |                                       |              |                       |          |                      |                |  |  |
|      | IN                |                                   |                                       |              |                       |          |                      |                |  |  |
|      |                   | Action Other                      |                                       |              |                       |          |                      |                |  |  |
|      |                   |                                   |                                       |              |                       |          |                      |                |  |  |
|      | Drug & Alcohol NO |                                   |                                       |              | Suspected Drug Use NO |          |                      |                |  |  |
|      |                   | Alcohol Test Given TEST NOT GIVEN |                                       |              | Alcohol Test Type     |          | Alcohol Test Results |                |  |  |
|      |                   | Drug Test Given<br>TEST NOT GIVEN |                                       |              | Drug Test Type        |          | Drug Test Results    |                |  |  |
| 2    | 001               | Drug Type                         |                                       |              |                       |          |                      |                |  |  |
|      |                   | Individual Condition              |                                       |              |                       |          |                      |                |  |  |
|      |                   |                                   |                                       |              |                       |          |                      |                |  |  |