6TL08S5WTR 18-06694

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 18-06694			Investigating Officer/Deputy DEPUTY S. SCHRAM				
~	Crash Date Crash Time			Date Arrived		Time		e Arrived			
F	06/25/2018 09:25 PM										
≥	Date Notified	Time Notified		Total Ur	nits		Total	Injured	Total Killed	b	
S5WTR	06/25/2018	09:25 PM	09:25 PM		01		00		00	Donostino.	_
08	On Emergency H	it and Run	Lane Closure Wo			rk Zone	Zone Trailer or T		owed	wed Reporting Threshold	
6TL	Government Property	ool Zone	School Bus Related NO			Tags	Tags				
	✓ Reportable	ICATED ANI	NIMAL W/ NO INJURY			Amended		Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
j	Location						•				
- {	ON FREEDOM RD					Latitude Longitude			de		
	0.74 MI S			4		43.413778513		-89.853		388058	
	OF RETGEN RD IN THE TOWN OF FREEDOI	M				X Coordinate			Y Coordinate		
	IN SAUK COUNTY	VI				268946.46875 4810722.5			22.5		
						Structure Type					
											_
	Crash Scene										1
Ì	First Harmful Event					First Harm	nful Event Lo	cation			
	NON DOMESTICATED ANIM	MAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT									
	Road Surface Condition(s)					Roadway	Factor(s)				
ŀ	Environment Factor(s)										
	()										
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land				Access Co	ontrol			Special Study		
Ţ	Unit Summary										ı
				Vehicle Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS				AUTOMOBILE			
10	Vehicle Type					Operating As Endorsements			ments		
0	PASSENGER CAR										
	Total Occs Train/Bus # Injured			Total # Citations Issued						:Mat Types	
	01			0		0		0			
	Insurance? Direction Of Travel			Pre CrashTire Mark		Speed Lim				es	
LNO	YES SOUTHBOUND									-1-11	_
5	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCTIO		TION		Emergency Motor Vehicle Use NOT APPLICABLE			
	NON DOMESTICATED ANIMAL (ALIVE)										
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature		Road Grade		е			

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	Truc NO	ick Bus or HazMat								
	'	Vehicle Control Contro								
		License Plate Number 922YRN	Plate Type St		Country of Issuance UNITED STATES					
			AUT - AUTOMOBILE WI Make Year		Model					
5	5	WBAAW33471ET42937	BMW 2001		325					
		GRY - GRAY	Body Style SW - STATIONWAGON		Bus Use NOT A BUS					
_	VEHICLE		ehicle Damage							
LIND		12FRONT Extent Of Damage	12FRONT	2FRONT						
		FUNCTIONAL DAMAGE	- 1.1.o							
		Towed Due To Damage	ehicle Removed By							
			OPERATOR	PERATOR						
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
		Driver Actions								
_	VEHICLE	NO CONTRIBUTING ACTION								
LINO	Ĭ									
_	X									
		Driver Distractions								
		NOT DISTRACTED								
2	2									
		Owner Name	Owner Address	Owner Address						
		Owner Name	Owner Address							
Ę	ı	Policy Holder								
5		Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	Individual AUSTIN ATWELL	AUSTIN ATWELL						
	ı	Individual								
		Driver	Citations Issued		Sex					
	7	AUSTIN MONROE ATWELL (608) 370-3992	0		MALE					
_	INDIVIDUAL	(000) 070 0002	Date of Birth		Race WHITE					
LIND		Address	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
_		714 8TH ST PRAIRIE DU SAC, WI 53578,US								
		,								
		Equipment On Duty Crash	Safety Equipment SHOULDER & LAP BELT							
		Seat Position								
		Helmet Use	Helmet Compliance	Helmet Compliance						
		Eye Protection	Tint Compliance							

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ı										
10	00	Injury Severity NO APPARENT INJURY			Airbag					
	0		NO APPARENT	INJURY						
		Ejected			Ejection Path		Trapped/Extricated			
		Medical Transport			EMS Agency Identifier Date of Death		EMS Run # Time of Death			
		NOT TRANSPOR	TED							
		Hospital								
			Striking Unit # Prior Action		Location			To/From School		
		Non Motorist								
		Action								
	¥									
╘	T									
LIND	>									
_	INDIVIDUAL									
	Z									
		Action Other								
	_	Drug & Alachal	Suspected Alcohol	Use	Suspected Drug U	se				
	L	Drug & Alcohol NO			NO					
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN	I							
		Drug Test Given			Drug Test Type		Drug Test Results			
		TEŠT NOT GIVEN								
_	_	Drug Type								
9	00									
		Individual Condition								
APPEARED NORMAL										
		APPEARED NOR	ORMAL OR A CONTROL OF THE CONTROL OF							