6TL0B655MC

18-06697

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 18-06697			Investigating Officer/Deputy DEPUTY W. NEUBAUER				
0	Crash Date Crash Time			Date Arrived		Time	Time Arrived				
Š	06/25/2018 11:03 PM										
51	Date Notified	Time Notified		Total Ur	nits		Total	Injured	Total Killed	d	
65	06/25/2018 11:06 PM		01			00			00		
-0B	On Emergency Hit and Ru		nd Run			Work Zone		Trailer or Towed		Reporting Threshold	
6TL0B655MC	Government Active School Zor			School I	School Bus Related NO			Tags			
	Reportable	TICATED A	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.										
Ĭ	Location										
Ī	INTERSECTION					Latitude Longitude				de	
	ON USH12 EB						43.409229002		-89.771	1939812	
	AT CTH W/ CTHW SB	В				X Coordin	ate		Y Coord	Y Coordinate	
	IN THE TOWN OF SUMPTER IN SAUK COUNTY	N.				275563.9	96875		4809993		
						Structure	Туре				
						NO STR	UCTURE				
	Crash Scene										
ì	First Harmful Event					Firet Harm	oful Event Lo	cation			
	NON DOMESTICATED ANIN	AAI (ALIVE)				First Harmful Event Location ON ROADWAY					
-	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPOR	Т			Light Oorland					
ŀ	Road Surface Condition(s)					Roadway	Factor(s)				
	,										
	Environment Factor(s)										
ŀ	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY						NO SPECIAL JURI				
	Tribal Land					Access Control				Special Study	
	Unit Summary										
	Unit Status			Vehicle Operating As Classification				Unit Type			
	IN TRANSIT			D CLASS					AUTOMOBILE		
01	Vehicle Type					Operating As Endorsements					
٦	PASSENGER VAN						1=		1=		
	Total Occs Train/Bus # Injured 2		Total # Citations Issued						Mat Types		
	nsurance? Direction Of Travel			0		0 Speed Lim		nit Total Lanes			
_	YES SOUTHBOUND			Pre CrashTire		Speed Lift		IIII I I I I I I I I I I I I I I I I I		es	
LIND				Mark Special Function				Emergency Motor Vehicle Use		icla I Isa	
5	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTI		TION		NOT APPLICABLE			
-	Traffic Way					-		Traffic Control Inoperative/Missing			
	Traine way			Traffic Control				Traine Control moperative/ivilsoring			
ŀ	Surface Type			Road Curvature			Road Grade				
	<i>"</i>			Node Ourvaluio							

Crash Date **06/25/2018**Crash Time **11:03 PM**

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	-								
	NO	uck Bus or HazMat							
	`	Vehicle		1.04	Country of Insurance				
UNIT 01		License Plate Number AAS3082	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
		Vehicle Identification Number	Make	Year	Model				
	6	2D8HN44H78R653746	DODGE 2008		GRAND CARA				
		Color BLU - BLUE	Body Style VN - VAN		Bus Use NOT A BUS				
	Щ	Initial Contact Point	Vehicle Damage						
	⊇	12FRONT	12FRONT						
	VEHICL	Extent Of Damage DISABLING DAMAGE	IZ-TRONT						
		Towed Due To Damage	Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE	EVERETTS TOWING						
		What Driver Was Doing	Vehicle Factors	Vehicle Factors					
		Driver Prior Action Other							
		Driver Actions							
	щ	NO CONTRIBUTING ACTION							
LNO	VEHICLE								
5	표								
	>								
		Driver Distractions UNKNOWN IF DISTRACTED							
		UNKNOWN IF DISTRACTED							
5	5								
		Course Marie							
		Owner Name	Owner Address						
⊨	ı	Policy Holder							
LNO		Insurance Company ALLSTATE-INS-CO	Individual WILLIAM ANTHONY	Individual WILLIAM ANTHONY					
		Individual							
		Driver	Citations Issued	Sex					
	_	WILLIAM MICHAEL ANTHONY	0		MALE				
	A D	(608) 370-9928	Date of Birth		Race WHITE				
LNO	INDIVIDUAL		Di li Ni l		VVIIIC				
		Address 1613 KENT CT	Driver License Number						
		SAUK CITY, WI 53583 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash Equipment	SHOULDER & LAP BELT						
		Seat Position							
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance						

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i										
01	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag					
		Ejected			Ejection Path		Trapped/Extricated			
		Medical Transport NOT TRANSPOR	TED		EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action	•	- 1		•				
_	NAL									
UNIT	INDIVIDUAL									
	Z									
		A :: 0:1								
		Action Other								
	E	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us	se				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	g Test Given ST NOT GIVEN			Drug Test Type		Drug Test Results		
01	00	Drug Type								
Individual Condition										
APPEARED NORMAL										