

6TL092T5M2
18-06922

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number 18-06922	Investigating Officer/Deputy DEPUTY J. KIRKENG	
Crash Date 07/01/2018		Crash Time 01:37 AM	Date Arrived	Time Arrived	
Date Notified 07/01/2018		Time Notified 01:37 AM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related NO	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

ON CTHK SB 112 FT N OF CTHWD NB IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.584037788	Longitude -89.995617408
	X Coordinate 258151.875	Y Coordinate 4830035.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition	
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 PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control	Special Study

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way		Traffic Control	Traffic Control Inoperative/Missing		
	Surface Type		Road Curvature	Road Grade		

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Truck Bus or HazMat NO													
UNIT 01	Vehicle												
	<table border="1"> <tr> <td>License Plate Number 344KBH</td> <td>Plate Type AUT - AUTOMOBILE</td> <td>St WI</td> <td>Country of Issuance UNITED STATES</td> </tr> <tr> <td>Vehicle Identification Number 5Y2SL678X6Z420206</td> <td>Make PONTIAC</td> <td>Year 2006</td> <td>Model VIBE</td> </tr> <tr> <td>Color BLU - BLUE</td> <td>Body Style 4H - HATCHBACK 4 DOOR</td> <td colspan="2">Bus Use NOT A BUS</td> </tr> </table>	License Plate Number 344KBH	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	Vehicle Identification Number 5Y2SL678X6Z420206	Make PONTIAC	Year 2006	Model VIBE	Color BLU - BLUE	Body Style 4H - HATCHBACK 4 DOOR	Bus Use NOT A BUS	
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	Extent Of Damage DISABLING DAMAGE												
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR											
	What Driver Was Doing	Vehicle Factors											
Driver Prior Action Other													
Driver Actions NO CONTRIBUTING ACTION													
Driver Distractions NOT DISTRACTED													
Owner Name	Owner Address												
Policy Holder													
Insurance Company SHEBOYGAN-FALLS-INSURANCE-CO	Individual PATRICK COWAN												
Individual													
Driver PATRICK GREGORY COWAN (608) 477-0930	Citations Issued 0	Sex MALE											
	Date of Birth [REDACTED]	Race WHITE											
Address 2037 AMANDA DR REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] 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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01	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					
		Action Other					
		Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		01	001	Drug Type			
Individual Condition APPEARED NORMAL							