6TL0B655MG

18-06915

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 18-06915			Investigating Officer/Deputy DEPUTY W. NEUBAUER			
MG	Crash Date 06/30/2018	Crash Time 10:25 PM	Date /	Date Arrived		Time	Time Arrived			
6TL0B655MG	Date Notified 06/30/2018	Time Notified 10:28 PM	Total 01	Total Units 01		Total 00	Injured	Total Killed 00		
.0B(On Emergency	lit and Run Lane	Closure		rk Zone		Trailer or T	owed	Reporting Threshold	
ETL	Government Property	Active School Zone	School NO	ol Bus Relat	ed	Tags	i			
<u></u>	✓ Reportable	ANIMAL W/ NO INJURY		RY	Amended			Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
ı	Location ———									
ſ	ON STH33 EB				Latitude Longitude				le	
	0.51 MI W				43.503341354		-89.616		252515	
	OF BREEZY HILL RD									
	IN THE TOWN OF FAIRFIEL IN SAUK COUNTY			X Coordina 288498.5	3125		Y Coordinate 4820038			
					Structure Type NO STRUCTURE					
(Crash Scene									
7					I =:	(15 11				
	First Harmful Event					ful Event Lo	cation			
	NON DOMESTICATED ANII	MAL (ALIVE)			ON ROADWAY Light Condition					
Ī	Manner of Collision									
	NO COLLISION W/VEHICLE	IN TRANSPORT								
-	Road Surface Condition(s)				Poadway I	Factor(s)				
	Road Surface Condition(s)				Roadway Factor(s)					
-					4					
	Environment Factor(s)									
_										
	Weather Condition(s)	eather Condition(s)								
	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
-	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					SDICTION				
-	Tribal Land			Access Control				Special Study		
	Tibal Land							Special Study		
L										
U	Unit Summary 💳									
	Unit Status Vehicle Operation			erating As C	Classification Unit Type					
	IN TRANSIT			D CLASS				AUTOMOBILE		
-	Vehicle Type				Operating As Endorsements					
$\overline{}$	PASSENGER CAR									
-					d Total Trail		 ailers Total HazN		Mot Types	
			Total # Citations Issued						wat Types	
-				0		0		0		
⊢	Insurance? YES	EASTBOUND	Pre	CrashTire Mark	Speed Lim		it Total Lanes		es	
LNO	Most Harmful Event: Collision With Special Function				L		Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT		TION		NOT APPLICABLE		
	` ,							Traffic Control Inoperative/Missing		
	Traine way			Traffic Control				Traine Control moperative/ivissing		
-	Surface Type			Dood Cumature		Road Grade				
	Culture 1,5pc			Road Curvature			Modu Grade			

Crash Date **06/30/2018**Crash Time **10:25 PM**

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	_	1 B 11 M /				_				
	NO	uck Bus or HazMat								
		v. 1 · 1								
		Vehicle								
		License Plate Number 502GEC	Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES					
5	5	Vehicle Identification Number JTDKB20U940012249	Make TOYOTA	Year 2004	Model PRIUS					
	VEHICLE	Color GLD - GOLD	Body Style 4H - HATCHBACK 4 DOOR		Bus Use NOT A BUS					
LIND		Initial Contact Point 12FRONT	Vehicle Damage							
5		Extent Of Damage DISABLING DAMAGE	1RIGHT FRONT CORNER, 12FRONT							
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
LINI	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
5	VEH									
		Driver Distractions NOT DISTRACTED								
5	5									
		Owner Name	Owner Address	er Address						
TIN		Policy Holder								
5		Insurance Company SECURA-INS-A-MUTUAL-CO	Individual ELAN PELEGRI							
	l	<u>Individual</u>								
	_	Driver ELAN P PELEGRI	Citations Issued 0		Sex MALE					
⊨	INDIVIDUAL	(608) 658-2085	Date of Birth		Race WHITE					
LINO		Address 35 5TH AVE 308 NEW YORK, NY 10003, US	Driver License Number STATE: NEW YORK COUNTRY: UNITED STATES							
		Equipment On Duty Crash	Safety Equipment	Safety Equipment						
		Seat Position	SHOULDER & LAP BE	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance		_					
		Eye Protection	Tint Compliance			_				

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Crash Date 06/30/2018

Crash Time 10:25 PM

i									
10	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag				
		Ejected			Ejection Path		Trapped/Extricated		
		Medical Transport 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	•	- 1		•			
_	NAL								
UNIT	INDIVIDUAL								
	Z								
		A :: 0:1							
		Action Other							
	L	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			Drug Test Type		Drug Test Results		
01	00	Drug Type							
Individual Condition									
APPEARED NORMAL									