6TL08F2KTT 18-07241

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/07/2018

Crash Time 09:15 AM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-07241			Investigating Officer/Deputy DEPUTY T. SUTHERLAND				
	Crash Date	Crash Time	Crash Time		Date Arrived		Time	Time Arrived			
	07/07/2018 09:15 AM										
V	Date Notified	Time Notified		Total Ur	nite		Total	Injured	Total Killed	1	
08F2KTT	07/07/2018	09:43 AM		01	Total Units 01		00		00		
<u>.08</u>	On Emergency	it and Run	t and Run Lane Cl		losure Work			Trailer or To		Reporting Threshold	
eTL(Government Active School Zon			School NO			Tags	gs			
	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.										
Ī	_ocation										
Ī	ON MINICREEK RD					Latitude Longitude					
	0.26 MI E					43.59080	09327	-90.17465			
	OF E DUTCH HOLLOW RD				Y Coor		(Coordinate		Y Coordinate		
	IN THE TOWN OF LA VALLI	E								4831324.5	
	IN SAUK COUNTY									.4.5	
						NO STR	UCTURE				
(Crash Scene										
7							ful Event Le	ootion			
		4AL (ALIVE)				First Harmful Event Location					
	NON DOMESTICATED ANIM	MAL (ALIVE)				ON ROADWAY					
	Manner of Collision		_			Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPOR	<u> </u>								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
	\\\4\\\\\\										
	weather Condition(s)	Weather Condition(s)									
ŀ	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	PUBLIC PROPERTY									Ta	
	Tribal Land		Access C		ntrol			Special Study			
L											
ı	Unit Summary										
				Vehicle Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS			AUTOMOBILE		≣		
ŀ	Vehicle Type							Operating As Endorsements			
01	PASSENGER CAR										
ŀ	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Traile		ers Total HazMat Types 0		Mat Types	
	1		Mat Typoo								
ļ		nce? Direction Of Travel			0		9 11:				
	Insurance?				Pre CrashTire		s Speed Lim		Total Lan	ರಾ	
LIND	YES WESTBOUND			Mark				Emergency Meter Vehicle Lies			
5	Most Harmful Event: Collision With			Special Function		TION		Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION		HUN		NOT APPLICABLE			
Ī	Traffic Way			Traffic Control			Tra		Traffic Control Inoperative/Missing		
	Surface Type			Road Curvature			Road Grade				

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	Truc NO	ruck Bus or HazMat								
		Vehicle								
		License Plate Number AU17392	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES					
UNIT 01	10	Vehicle Identification Number 1N4AL3AP4JC248217	Make NISSAN	Year 2018	Model CAR					
	VEHICLE	Color BLK - BLACK	Body Style 4D - 4DR		NOT A BUS					
		Initial Contact Point 1RIGHT FRONT CORNER Extent Of Damage	1RIGHT FRONT CORNE	Vehicle Damage 1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 3RIGHT SIDE MIDDLE, 4 RIGHT SIDE REAR						
		MINOR DAMAGE								
		Towed Due To Damage NOT TOWED	Vehicle Removed By							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
	LE H	Driver Actions NO CONTRIBUTING ACTION								
LNO	VEHICLE									
	N.									
		Driver Distractions NOT DISTRACTED								
_	1									
5	01									
		Owner Name	Owner Address	Owner Address						
ΗN	ı	Policy Holder								
5		Insurance Company FARMERS-INS-CO-INC	Individual DAN HEYERDAHL							
		Individual								
		Driver DAN HEYERDAHL	Citations Issued 0		Sex MALE					
LINO	UAL		Date of Birth		Race WHITE					
	INDIVIDUAL	Address 2833 CLINTON TERRACE	Driver License Number							
		SANTA BARBARA, CA 93101, US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		Equipment On Duty Crash	Safety Equipment	Safety Equipment						
		Seat Position	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance	Helmet Compliance						
		Eye Protection	Tint Compliance							

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					1						
10	001	Injury	Injury Severity NO APPARENT	INJURY	Airbag						
		Ejected	ed			Ejection Path		Trapped/Extricated			
		Medical Transport			EMS Agency Identifier		EMS Run #				
		NOT TRANSPOR	TED								
		Hospital			Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action	•	•		•					
	7										
_	INDIVIDUAL										
UNIT	₽										
	\geq										
	닐										
	=										
		Action Other									
			Suspected Alcohol	Use	Suspected Drug U						
	E	Drug & Alcohol	NO		NO						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN	I		71						
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN	ST NOT GIVEN				J.ug . cot . toculo				
_	Ξ	Drug Type									
5 6 Drug Type											
Individual Condition											
	APPEARED NORMAL										