# **6TL09JDKVX** 18-07341

# 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 18-07341			Investigating Officer/Deputy DEPUTY B. SCHLOUGH					
	0 10 1	0 1 7		Date Arrived								
$\times$	Crash Date Crash Time			Date Ar	rivea	Time Arrived						
>	07/09/2018	01:25 PM										
Y	Date Notified	Time Notified		Total Ur	nits		Total	Injured	Total Killed	t		
Ω	07/09/2018	01:28 PM		01			00	•	00			
<b>6TL09JDKVX</b>	On Emergency	t and Run Lane Cl		losure Wo		rk Zone		Frailer or T	Towed Reporting Threshold		ing old	
╏	Government	☐ Active Sch	ool Zone		School Bus Related		Tags	Tags				
9	Property		NO									
ļ	Reportable Crash Type NON-DOMESTICATED ANIMA				IMAL W/ NO INJURY		//	Amended		Secon Cras		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location											
	ON STH33 EB					Latitude			Longitud	de		
	620 FT W					43.62374	43376	-90.164		4156693		
	OF SPRINGER RD					X Coordinate		V Coord		dinata		
	IN THE TOWN OF LA VALLE	<b>■</b>				244712.484375				Y Coordinate <b>4834950</b>		
	IN SAUK COUNTY					Structure Type						
							71 -					
(	Crash Scene											
ì	First Harmful Event					Firet Harm	nful Event Lo	eation				
		IAL (ALIVE)						CallOII				
ļ	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROADWAY						
	Manner of Collision	IN TO ANODODT				Light Condition						
	NO COLLISION W/VEHICLE	IN TRANSPORT				_						
	Road Surface Condition(s)					Roadway	Factor(s)					
ŀ	Environment Factor(s)											
	W 0 ( )											
	Weather Condition(s)											
-	Animal Type				Relation To Trafficway							
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION							
	Tribal Land					Access Control Special Study						
Ĺ												
·	Unit Summary -							1				
	Unit Status Vehicle Oper				ating As C	iassification	1	Unit Type				
					CLASS			AUTOMOBILE				
_	Vehicle Type							Operating	As Endorser	ments		
0	PASSENGER CAR											
	Total Occs Train/Bus # Injured		To	Total # Citations Issued		Total Tra		railers Total Ha		Mat Types		
	1		0	0		0				0		
		Direction Of Travel		Pre CrashTir			Speed Lim	mit Total Lane		es		
LINO	YES EASTBOUND			Mark								
5	Most Harmful Event: Collision With			ecial Funct		TION		Emergency Motor Vehicle Use NOT APPLICABLE				
ا ک	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION								
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing					
	Surface Type			Pood Curvatura				Road Grade				
	Sundo Typo			Road Curvature				Todd Glado				

Crash Date **07/09/2018**Crash Time **01:25 PM** 

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	Truc <b>NO</b>	uck Bus or HazMat							
	'	Vehicle		10:					
UNIT 01		License Plate Number ABF2510	Plate Type AUT - AUTOMOBILE	St <b>WI</b>	Country of Issuance UNITED STATES				
	5	Vehicle Identification Number 1B3HB28B47D150874	Make DODGE	Year <b>2007</b>	Model CALIBER SE				
		Color RED - RED	Body Style 4D - 4DR		Bus Use NOT A BUS				
	VEHICLE	Initial Contact Point 12FRONT	Vehicle Damage	Vehicle Damage  12FRONT					
		Extent Of Damage DISABLING DAMAGE	12FRONT						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SHIELDS TOWING	Vehicle Removed By					
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
	щ	Driver Actions NO CONTRIBUTING ACTION							
LIND	VEHICLE								
5	Ä								
		Driver Distractions NOT DISTRACTED							
6	2								
		Owner Name	Owner Address	Owner Address					
H	ı	Policy Holder							
5		Insurance Company GEICO-CASUALTY-CO	Individual EMILY KELLNER						
	ا	Individual							
		Driver EMILY KELLNER	Citations Issued		Sex				
	AL.	(608) 415-2346	Date of Birth		FEMALE Race				
⊨	INDIVIDUAL				WHITE				
LINO		Address E8314 BRIAR BLUFF RD		Driver License Number					
		REEDSBURG, WI 53959 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment	Safety Equipment					
		Seat Position	SHOULDER & LAP BE	SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance	Tint Compliance					

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i											
10	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									
	L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us NO	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											