

6TL09XQXZ1  
18-07540

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 <b>18-07540</b>		Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>07/13/2018</b>		Crash Time <b>05:27 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>07/13/2018</b>		Time Notified <b>05:29 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<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

<b>ON CTHB EB 1131 FT W OF CTHC EB IN THE TOWN OF TROY IN SAUK COUNTY</b>	Latitude <b>43.256336212</b>	Longitude <b>-89.947914124</b>
	X Coordinate <b>260715.0625</b>	Y Coordinate <b>4793501.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

Unit Summary

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

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		Truck Bus or HazMat <b>NO</b>	
01	UNIT	<b>Vehicle</b>	
		License Plate Number <b>124YNW</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>1G1JC124817369952</b>	Make <b>CHEVROLET</b>
		Color <b>RED - RED</b>	Year <b>2001</b>
		Initial Contact Point <b>12--FRONT</b>	Country of Issuance <b>UNITED STATES</b>
		Extent Of Damage <b>DISABLING DAMAGE</b>	Model <b>CAVALIER</b>
		Towed Due To Damage <b>NOT TOWED</b>	Body Style <b>CP - COUPE</b>
		What Driver Was Doing	Bus Use <b>NOT A BUS</b>
		Driver Prior Action Other	Vehicle Damage <b>12--FRONT</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Removed By <b>OPERATOR</b>
Driver Distractions <b>NOT DISTRACTED</b>	Vehicle Factors		
Owner Name	Owner Address		
01	UNIT	<b>Individual</b>	
		Driver <b>JOY ALT (608) 743-9473</b>	Citations Issued <b>0</b>
		Address <b>7554 US HIGHWAY 12 # 24 SAUK CITY, WI 53583 , US</b>	Date of Birth
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	Sex <b>FEMALE</b>
		<b>Equipment</b>	Race <b>WHITE</b>
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position	Helmet Compliance
		Helmet Use	Tint Compliance
		Eye Protection	Airbag
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>

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UNIT           01  001	Ejected		Ejection Path		Trapped/Extricated	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
	Action					
	Action Other					
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
	Drug Type					
Individual Condition <b>APPEARED NORMAL</b>						