6TL09XQXZ3

18-08546

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/05/2018

Crash Time 08:45 PM

ı											
	Document Number Override	Primary Crash D	ocument #	Agency Crash Nui 18-08546		DEP		estigating Officer/Deputy PUTY I. GALVAN			
က	Crash Date	Crash Time		Date Ar	rived		Time	Arrived			
Ŋ	08/05/2018	08:45 PM									
×	Date Notified	Time Notified		Total U	nits		Total	Injured	Total Killed	d	
Q	08/05/2018	08:47 PM		01			00	•	00		
×										Departing	
တ္က	On Emergency	Hit and Run	□ Lane Clos	ure	☐ Wo	rk Zone 🔲 T		Trailer or T	owed	Reporting Threshold	
∟				Cob and Dura Dadate		-d	Tono			Threshold	
6TL09XQXZ3	Government	☐ Active Sc	hool Zone	School Bus Related		5u	ed Tags				
9	Property		110						1		
	✓ Reportable	TICATED ANIM	IAI W// N				Amended		Secondary		
	Reportable	TICATED ANII	ANIMAL W/ NO INJUR			ii			☐ Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
i	Location —										
į	ON STH23 EB					Latitude Longitude					
	209 FT N					43.351636121				169893	
	OF CTHGG SB										
	IN THE TOWN OF FRAM	NKLIN				X Coordina				Y Coordinate	
	IN SAUK COUNTY					251261.28125 4804440			10		
						Structure 7	Гуре				
(Crash Scene										
1	First Harmful Event					Eiret Harm	ful Event Le	cation			
		ANIMAL (ALIVE)				First Harmful Event Location					
	NON DOMESTICATED	ANIIVIAL (ALIVE)				ON ROADWAY					
	Manner of Collision	101 F IN TO ANODOD	_			Light Condition					
	NO COLLISION W/VEH	ICLE IN TRANSPOR	l								
	Road Surface Condition(s)					Roadway I	Factor(s)				
	F										
	Environment Factor(s)										
	Weather Condition(s)					-					
	vvcatici condition(s)										
	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction					
						NO SPECIAL JURISDICTION					
					Access Control		ODIOTION		Chariel Chudy		
	Tribal Land									Special Study	
l											
	Unit Summary ————————————————————————————————————										
	Unit Status Vehicle Operating As					lassification	assification Unit Type				
	IN TRANSIT	DO	D CLASS			AUTOMOBILE		E			
_	Vehicle Type					Operating As Endorsements					
5	PASSENGER CAR										
	Total Occs Train/Bus # Injured 1			Total # Citations Issued 0		Total Traile		ailers Total HazN		Mat Types	
	Insurance?	Direction Of Travel		Pro C	rachTiro	shTire Spee		eed Limit Tota		es	
╻╽	YES	SOUTHBOUND		Pre CrashTire Mark			,				
UNIT	Most Harmful Event: Collision			Special Function		L		Emergency Motor Vehicle Use		icle Use	
⋾	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION		TION			OT APPLICABLE		
	Traffic Way							Traffic Control Inoperative/Missing			
	Trailic way			Traffic Control			Traffic C		Control moperative/ivilssing		
	Surface Type			Road Curvature				Dood Crade			
	Surface Type		Dag	ad Curvet	ıro			Road Grad	P		

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	Truc NO	k Bus or HazMat								
		V-1 '-1-								
		/ehicle								
		License Plate Number NK6547	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
UNIT 01	2	Vehicle Identification Number 3TMCZ5AN0JM170139	Make TOYOTA	Year 2018	Model TACOMA					
		Color TAN - TAN	Body Style PK - PICKUP	•	NOT A BUS					
	VEHICLE	Initial Contact Point 1RIGHT FRONT CORNER Extent Of Damage	Vehicle Damage 1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 3RIGHT SIDE MIDDLE, 4 RIGHT SIDE REAR							
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
10	10	Driver Distractions NOT DISTRACTED								
		Owner Name	Owner Address	Owner Address						
⊨	ı	Legicy Holder								
LNO		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual RYNE STANKO							
	- 1	Individual Control of the Control of								
LINO	4	Driver RYNE STANKO (715) 697-6517	Citations Issued 0		Sex MALE					
	INDIVIDUAL	Address	Date of Birth Driver License Number		Race WHITE					
		212 GROVE ST RIDGEWAY, WI 53582 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash Seat Position	Safety Equipment SHOULDER & LAP BE	Safety Equipment 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										
		Action Other									
	L	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	00	Drug Type									
Individual Condition											
APPEARED NORMAL											