# 6TL09PBQ92

18-08902

## WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

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	Document Number Override	Primary Crash	Primary Crash Document #		Agency Crash Number			Investigating Officer/Deputy			
					18-08902			DEPUTY B. STODDARD			
92	Crash Date 08/14/2018	Crash Time 06:47 AM	Crash Time 06:47 AM		Date Arrived		Time	Time Arrived			
ğ	Date Notified	Time Notified		Total Ur	nits		Tota	Total Injured Total Killed			
B	08/14/2018	06:47 AM		01			00		00		
09PBQ	On Emergency	lit and Run	d Run		Wa	ork Zone		Trailer or To	Trailer or Towed Reporti		
6TL	Government Active School Zone			School Bus Related NO			Tag	Tags			
	Reportable	TICATED ANIM	ANIMAL W/ NO INJURY				Amended	Secondary Crash			
	✔ I, a sworn law enforcen	nent officer, agre	not added any CJIS data in this report.								
ļ	Location										
-	ON STH33 WB					Latitude			Longitude		
	0.34 MIE					43.56193	43.561934799		-90.073936447		
	OF EMERALD DR IN THE TOWN OF LA VALL	F				X Coordina			Y Coordinate		
	IN SAUK COUNTY	-				251737.6875			482781	1.5	
							Structure Type				
						NO STR	JCTURE				
(	Crash Scene										
	First Harmful Event					First Harm	ful Event L	ocation			
	NON DOMESTICATED ANI	MAL (ALIVE)				ON ROADWAY Light Condition					
	Manner of Collision										
	NO COLLISION W/VEHICL	E IN TRANSPOR	PORT								
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)					_					
	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	
Ī	Unit Summary										
	Unit Status		Veh	icle Opera	ating As (	Classification	lassification Unit Type				
	IN TRANSIT				D CLASS			AUTOMOBILE			
01	Vehicle Type					Operating As Endorsements			ments		
0	PASSENGER CAR										
	Total Occs	Train/Bus # Injured		Total # Citations Issue						Mat Types	
	2			0			0		0		
	Insurance?	Direction Of Trave		Pre CrashTire			Speed Lin		mit Total Lanes		
UNIT	YES WESTBOUND Mark						Emorgoney Motor Vehicle Line				
5	Most Harmful Event: Collision W		Special Function NO SPECIAL FUNCTION					Emergency Motor Vehicle Use NOT APPLICABLE			
	NON DOMESTICATED ANIMAL (ALIVE) Traffic Way										
				Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			

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## WISCONSIN MOTOR VEHICLE **CRASH REPORT**

	NO	Truck Bus or HazMat NO								
	Vehicle									
		License Plate Number 563ZET	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
2	01	Vehicle Identification Number 3FA6P0H75ER185327	Make FORD	Year 2014	Model FUSION					
	VEHICLE	Color BLK - BLACK	Body Style SD - SEDAN		Bus Use NOT A BUS					
UNIT		Initial Contact Point 11LEFT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage 1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT							
		Towed Due To Damage NOT TOWED	Vehicle Removed By	/ehicle Removed By						
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
		Driver Distractions NOT DISTRACTED								
01	01									
		Owner Name	Owner Address	Owner Address						
F	l	Policy Holder								
UNIT		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual KELSEY BRUNNER							
	l	Individual								
	INDIVIDUAL	Driver KELSEY RAE BRUNNER (608) 963-9153	Citations Issued <b>0</b> Date of Birth	Sex FEMALE Race						
UNIT		Address	Driver License Number		WHITE					
5		S6839 HWY 130 HILLPOINT, WI 53937 ,US	STATE: WISCONSIN C	STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment         On Duty Crash           Seat Position         On Duty Crash	Safety Equipment SHOULDER & LAP BE	Satety Equipment SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
-		Eve Protection	Tint Compliance							

Tint Compliance

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

9	001	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								
∟	UAL									
UNIT	INDIVIDUAL									
		Action Other								
	Ľ	Drug & Alcohol	Suspected Alcohol	Use	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			
2	001	Drug Type								
		Individual Condition								
		APPEARED NOR	MAL							