# 6TL09T1TMB

### 18-09581

## 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 18-09581			Investigating Officer/Deputy DEPUTY J. BODDEN				
m	Crash Date	Crash Time		Date Arrived			Time Arrived				
Ĭ	08/29/2018	11:10 PM									
E	Date Notified Time Notified			Total Unit	ts			Injured	Total Killed	ł	
F	08/29/2018	11:16 PM		01			00		00	00	
60-	On Emergency	t and Run		ure Work Zone			Trailer or Towed		Reporting Threshold		
6TL09T1TMB	Government Property	hool Zone	School Bus Related Tag NO			Tags	gs				
Ŭ	Reportable         Crash Type NON-DOMESTICATED A			NIMAL W/ NO INJURY			Amended		Secondary Crash		
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
	ON STH33 EB 0.32 MI E					Latitude Longitude					
	OF JOHNSON RD					<b>43.474266159</b> X Coordinate			-89.664192679 Y Coordinate		
	IN THE TOWN OF GREENFIE IN SAUK COUNTY	LD				<b>284519.4375 4816931.5</b>					
						Structure Type NO STRUCTURE					
	Crash Scene					NO STRU					
	First Harmful Event					First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROA		cation			
	Manner of Collision	. ,				Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPOR	Т								
	Road Surface Condition(s)				Roadway Factor(s)						
	Environment Factor(s)										
	Weather Condition(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						
	Unit Summary										
	Unit Status Vehicle Operating As C				<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	IN TRANSIT D CLASS						AUTOMOBILE				
6	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements						
	Total Occs Train/Bus # Injured Total # Citations Issu				s Issued		Total Trailers Total HazMat		Mat Types		
	1		0				0		0	21	
				Pre CrashTire			Speed Limit		Total Lan	Total Lanes	
UNIT	YES         EASTBOUND         Mark           Most Harmful Event: Collision With         Special Function					Emergency Motor Vehicle Use			icle Use		
5	NON DOMESTICATED ANIMAL (ALIVE)										
				Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			

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## WISCONSIN MOTOR VEHICLE **CRASH REPORT**

	Truc NO	k Bus or HazMat							
	,	Vehicle							
		License Plate Number 731ZUT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
0	01	Vehicle Identification Number 3C4PDCDG6ET121816	Make DODGE	Year 2014	Model JOURNEY				
		Color WHI - WHITE	Body Style UT - SPORT UTILITY VEH	HICLE	Bus Use NOT A BUS				
UNIT	VEHICLE	Initial Contact Point 12FRONT Extent Of Damage DISABLING DAMAGE	C C	Vehicle Damage					
	-	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING						
		What Driver Was Doing	Vehicle Factors						
UNIT		Driver Prior Action Other							
	щ	Driver Actions NO CONTRIBUTING ACTION							
	VEHICLE								
	Ž								
		Driver Distractions NOT DISTRACTED							
-	_								
0	5								
		Owner Name	Owner Address	Owner Address					
F	1	Policy Holder							
UNIT		Insurance Company ERIE-INS-CO	Individual LIZA COLLINS						
	I	Individual							
	Ļ	Driver LIZA R COLLINS	Citations Issued 0		Sex FEMALE				
UNIT	INDIVIDUAL	(608) 792-4781	Date of Birth		Race WHITE				
		Address W7964 VERMEER ST	Driver License Number	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		HOLMEN, WI 54636 , US	STATE: WISCONSIN C						
		Equipment On Duty Crash	Safety Equipment						
		Seat Position	SHOULDER & LAP BE	SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance	Helmet Compliance					
•		Eve Protection	Tint Compliance						

Tint Compliance

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6	8 Injury Injury Severity NO APPARENT INJURY			Airbag						
		Ejected			Ejection Path		Trapped/Extricated			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action								
⊢	UAL									
UNIT	INDIVIDUAL									
	Z									
		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			
6	001	Drug Type								
		APPEARED NOR	MAL							