6TL09N3P5K 18-10449

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/20/2018

Crash Time 06:57 AM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-10449			Investigating Officer/Deputy DEPUTY C. FRANK				
-	Crash Date Crash Time		ı	Date Arrived			Time	Time Arrived			
5K	09/20/2018 06:57 AM										
ک	Date Notified	Time Notified	-	Total Un	its		Total	Injured	Total Killed	1	
.09N3P	09/20/2018	06:57 AM	(01		00			00		
69	On Emergency H	it and Run	Run Lane Closure W			ork Zone		Trailer or Towed		Reporting Threshold	
eTL	Government Active School Zone			School Bus Related NO		Tags	Tags				
	Reportable	ED ANIMA	ANIMAL W/ NO INJURY			Amended		Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
	ON CTHO WB					Latitude Longitude					
	0.51 MI E					43.275485		-89.89565		655853	
	OF SCHOOL RD IN THE TOWN OF TROY					X Coordinate			Y Coordinate		
	IN SAUK COUNTY					265030.875 4795479.5			9.5		
					Structure Type NO STRUCTURE						
	Crash Scene					I					
י ז	First Harmful Event					First Harm	ful Event Le	antion			
	NON DOMESTICATED ANIN	ΛΔΙ (ΔΙΙΝΈ)				First Harmful Event Location ON ROADWAY					
ŀ	Manner of Collision	IAL (ALIVE)				Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT				Light Condition					
ŀ	Road Surface Condition(s)					Roadway I	Factor(s)				
	(0)					Trouble (c)					
ĺ	Environment Factor(s)										
-	Weather Condition(s)										
	Weather Condition(s)										
İ	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
İ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
ĺ	Tribal Land					Access Control				Special Study	
Ţ	Unit Summary										
				Vehicle Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS			AUTOMOBII		ILE		
10	Vehicle Type				Operating As Endorsements			ments			
0	(SPORT) UTILITY VEHICLE										
	Total Occs Train/Bus # Injured			Total # Citations Issued						Mat Types	
	1	0								0	
	Insurance?	Direction Of Travel	Pre CrashTire			Speed Lim		nit Total Lanes		es	
LNO	YES WESTBOUND			Mark Special Function				Emorgonov Motor Vohicle Llee		Cala I I a	
5	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCT		TION		Emergency Motor Vehicle Use NOT APPLICABLE			
	NON DOMESTICATED ANIMAE (ALIVE)										
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	Surface Type			Road Curvature			R		Road Grade		
	· ·										

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	Truc NO	ck Bus or HazMat							
	,	Vehicle							
UNIT 01		ACW8430	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
	2	Vehicle Identification Number 1FMCU03128KA17853	Make FORD	Year 2008	Model ESCAPE XLT				
		Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEH	IICLE	Bus Use NOT A BUS				
	CLE	Initial Contact Point 12FRONT	Vehicle Damage	/ehicle Damage					
	VEHICL	Extent Of Damage FUNCTIONAL DAMAGE	12FRONT						
		Towed Due To Damage NOT TOWED	Vehicle Removed By	ehicle Removed By					
		What Driver Was Doing	Vehicle Factors	ehicle Factors					
		Driver Prior Action Other							
	щ	Driver Actions NO CONTRIBUTING ACTION							
LNO	VEHICLE								
	7								
		Driver Distractions NOT DISTRACTED							
01	5								
0	0								
		Owner Name	Owner Address	Owner Address					
⊨	ı	Policy Holder							
LNO		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual JENIFER HASHEIDER						
		ndividual							
		Driver	Citations Issued		Sex				
	JAL	JENIFER M HASHEIDER (608) 393-3686	0 Date of Birth		FEMALE Race				
LIND	INDIVIDUAL	Address	Driver License Number	Driver License Number					
)		S10114A CTY C SAUK CITY, WI 53583 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment	Safety Equipment					
		Seat Position	SHOULDER & LAP BEI	SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance						

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					1						
10	001	Injury	Injury Severity NO APPARENT	INJURY	Airbag						
		Ejected			Ejection Path		Trapped/Extricated				
		Medical Transport			EMS Agency Identifier EMS Run #						
		NOT TRANSPOR	TED								
		Hospital			Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action	•	•		•					
	7										
_	INDIVIDUAL										
UNIT	₽										
	\geq										
	닐										
	=										
		Action Other									
			Suspected Alcohol Use			Suspected Drug Use					
	E	Drug & Alcohol	NO		NO						
		Alcohol Test Given	phol Test Given				Alcohol Test Results				
		TEST NOT GIVEN	I		Alcohol Test Type						
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN	ST NOT GIVEN				J.ug . cot . toculo				
_	Ξ	Drug Type									
10	001										
		Individual Condition									
		APPEARED NOR	MAL								