6TL09N3P5L

18-10751

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/28/2018

Crash Time 06:15 AM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-10751			Investigating Officer/Deputy DEPUTY C. FRANK			
,2L	Crash Date 09/28/2018	Crash Time 06:15 AM	Date A	Date Arrived		Time	Time Arrived			
N3P	Date Notified 09/28/2018	Time Notified 06:17 AM	Total U 01	Total Units 01		Total 00	, ,		Total Killed 00	
6TL09N3P5 1	On Emergency	lit and Run Lane	Closure	Wo	rk Zone		railer or T	owed	Reporting Threshold	
6TI	Government Property	Active School Zone	School NO	Bus Relat	ed	Tags				
	▼ Reportable	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									
Ī	ON E11364 STH159 EB				Latitude Longitude					
	0.59 MI W				43.43823632		-89.755475113			
	OF BREEZY KNOLL LN/ ST	TH123 SB								
	IN THE TOWN OF BARABO	00			X Coordina		Y Coordinate 4813170.5			
	IN SAUK COUNTY				277003.7			401317	0.5	
					Structure Type					
(Crash Scene									
Ī	First Harmful Event				First Harmful Event Location					
	NON DOMESTICATED ANIMAL (ALIVE) Manner of Collision				ON ROADWAY					
-					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT			Light Condition					
	Road Surface Condition(s)	2 III TIVAITOI OITI			Roadway I	Factor(s)				
	rtoad ouridee condition(s)				Roadway Factor(s)					
	Environment Factor(s)									
ļ										
	Weather Condition(s)	Weather Condition(s)								
					1					
-	Animal Type				Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD				
-	Crash Classification - Location PUBLIC PROPERTY				Crash Classification - Jurisdiction					
					NO SPECIAL JURISDICTION					
-	Tribal Land			Access Cont					Special Study	
					7.00000 COMICI					
L	Init Cummon									
	Unit Summary Unit Status		Vahiolo Onco	rating As C	Classification					
				Vehicle Operating As Classification D CLASS			Unit Type AUTOMOBILE			
01	Vehicle Type PASSENGER CAR				Operating As Endorsements					
	PASSENGER CAR				I Total T9		ers Total HazMat Types			
	Total Occs Train/Bus # Injured		Total # Citations Issued						Mat Types	
	1	D: 0/ T	0		0		0			
	Insurance? YES	Direction Of Travel EASTBOUND	Pre CrashTire		Speed Lim		t Total Lanes		es	
LNO				Mark Special Function			Emergency Motor Vehicl		rle I Ise	
5	NON DOMESTICATED ANII		NO SPECIAL FUNCTION		NOT APPLICABI			OIC USE		
ļ	Traffic Way									
	rrame way	ramic Contro	Traffic Control			Traffic Control Inoperative/Missing				
	Surface Type	Pood Curvet	Road Curvature			Road Grade				
	Canado Type	Noau Curvat	Noau Curvature			au Grado				

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	_									
	NO	ck Bus or HazMat								
	'	/ehicle								
2		License Plate Number 184VRT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
	5	Vehicle Identification Number 1FAFP4040WF252472	Make FORD	Year 1998	Model MUSTANG					
		Color BLU - BLUE	Body Style CP - COUPE		Bus Use NOT A BUS					
LIND	VEHICLE	Initial Contact Point 12FRONT	Vehicle Damage	12FRONT						
		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								
_	쁘	Driver Actions NO CONTRIBUTING ACTION								
	VEHICLE									
		Driver Distractions								
		NOT DISTRACTED								
5	5									
		Owner Name Owner Address								
		Owner Name	Owner Address							
		Dallar Halder								
Ę		Policy Holder Insurance Company Individual								
5		PROGRESSIVE-ADVANCED-INSURANCE-CO	JASON BALFANZ							
		Individual								
		Driver JASON JAMES BALFANZ	Citations Issued		Sex					
	NAL	(608) 963-4533	Date of Birth							
LINO	INDIVIDUAL	Address	Driver License Number							
_		405 N MAPLE ST NORTH FREEDOM, WI 53951 , US	STATE: WISCONSIN C	STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment	Safety Equipment						
		Seat Position	SHOULDER & LAP BE	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 Ident	ifier	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 U						
	E	Drug & Alcohol	NO		NO						
		Alcohol Test Given			Alcohol Test Type	Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN	I		7						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
_	Ξ	Drug Type									
5 6 Drug Type											
Individual Condition											
		APPEARED NORMAL									