6TL09H5JNG

18-10866

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/01/2018

Crash Time 07:00 AM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-10866		mber	Investigating Officer/Deputy DEPUTY S. MESSNER			
				10 1000						
G	Crash Time			Date Ari	rived		Time	ime Arrived		
Z	10/01/2018			Total Lie	ita		Total	Iniurad	Total Killan	1
\mathbf{Z}	10/01/2018	07:06 AM		Total Ur	iits		00	Injured	Total Killed	
Ĭ	10/01/2010	07.00 AW		01			- 00		00	
6TL09H5JNG	On Emergency Hit and Run Lane		Lane Closu	losure Wor		rk Zone		Trailer or T	owed	Reporting Threshold
ᄅ	Government Active School Zone			School Bus Related Ta			Tags	gs		
9	□ Property ✓ Reportable	TED ANIM	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.									
					,					
l	Location					1				
1	ON STH136 EB 280 FT W						Latitude 43.474990722		Longitude	
	OF CTHI						-		-89.870614854	
	IN THE TOWN OF EXCELSION	OR				X Coordinate Y Coordinate 267826 4817567.				
	IN SAUK COUNTY					Structure Type				
						NO STRU				
(Crash Scene									
1	First Harmful Event					First Harm	ıful Event Lo	cation		
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA				
ŀ	Manner of Collision					Light Condition				
	NO COLLISION W/VEHICLE	IN TRANSPORT				3				
ŀ	Road Surface Condition(s)					Roadway I	Factor(s)			
	Environment Factor(s)									
ŀ	Weather Condition(s)									
	Aginal Time									
	Animal Type DEER					Relation To Trafficway TRAFFICWAY - ON ROAD				
						Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
	Crash Classification - Location									
-	PUBLIC PROPERTY Tribal Lond				Access Control					Special Study
	Tribal Land					7.00000 00				Special Study
Ĺ	Unit Summary									
	Unit Status		Vehi	icle Onera	ating As C	lassification		Unit Type		
				Vehicle Operating As Classification D CLASS				AUTOMOBILE		
ŀ	Vehicle Type						Operating As Endorsements			ments
9	(SPORT) UTILITY VEHICLE							111111		
ŀ	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Traile		rs Total HazMat Types		Mat Types
	1	·	0			0		0		
	Insurance?	Direction Of Travel		Pre CrashTire			Speed Limi		Total Lane	es
⊢│	YES	EASTBOUND	Mark							
LIND	Most Harmful Event: Collision With Special Function					L		Emergency Motor Vehicle Use		
ر	NON DOMESTICATED ANIMAL (ALIVE) POLICE						NON-EMERGENCY, NON-TRANSPORT			
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missir		tive/Missing	
	Surface Type			Pood Curvature			Road Grade			
	Oundoo Type			Road Curvature				Noau Graue		

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	_									
	NO	ick Bus or HazMat								
	'	Vehicle								
UNIT 01		License Plate Number 663STU		late Type St UT - AUTOMOBILE WI		Country of Issuance UNITED STATES				
	5	Vehicle Identification Number 1FM5K8AR3FGA35574		ike DRD	Year 2015	Model EXPLORER P				
		Color BRO - BROWN		dy Style 「- SPORT UTILITY VI	EHICLE	Bus Use NOT A BUS				
	ICLE	Initial Contact Point 11LEFT FRONT CORNER		Vehicle Damage 11LEFT FRONT CORNER						
	VEHICL	Extent Of Damage MINOR DAMAGE Towed Due To Damage								
		NOT TOWED		Vehicle Removed By OPERATOR						
		What Driver Was Doing	hicle Factors							
		Driver Prior Action Other								
	щ	Driver Actions NO CONTRIBUTING ACTION								
LNO	VEHICLE									
	7									
		Driver Distractions NOT DISTRACTED								
10	01									
0	0									
		Owner Name	Owner Address							
_		Policy Holder								
LNO		Insurance Company STATE OF WISCONSIN SELF INSU	Government STATE OF WISCONSIN							
	ı	Individual								
		Driver JAMIE M LA BREC (608) 709-0086		Citations Issued		Sex				
	AL			0 Date of Birth		MALE Race				
LINO	INDIVIDUAL	Address	Driver License Number		WHITE					
		E8620 QUARRY RD ROCK SPRINGS, WI 53961, US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash POLICE		Safety Equipment						
				SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
	Eye Protection			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	Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action	•	- 1		•				
_	NAL									
UNIT	INDIVIDUAL									
	S									
	Action Other									
	L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us	se				
		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										