6TL09QKRD0

18-10827

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 18-10827			Investigating Officer/Deputy DEPUTY S. STACEY			
0	Crash Date	Crash Time	rash Time Date Arrived		Time		e Arrived			
	09/29/2018 10:00 PM									
2	Date Notified	Time Notified	Total l	Jnits		Total	Injured	Total Killed	1	
09QKR	09/29/2018	10:05 PM	01			00		00		
60	On Emergency Hit and Run		e Closure Work Zo				☐ Trailer or Towed		Reporting Threshold	
eTL	Government Property	ne Schoo			Tags	Tags				
	Reportable	D ANIMAL W/	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 STH78 NB				Latitude Longitude			de		
	376 FT E				43.37292	20303	-89.662268		26852	
	OF GRANDVIEW AVE IN THE TOWN OF MERRIMAC				X Coordinate			Y Coordinate		
	IN SAUK COUNTY	10			284315.28125 4805671			' 1		
					Structure Type NO STRUCTURE					
1	Crash Scene									
1	First Harmful Event				First Harm	oful Event Lo	cation			
	NON DOMESTICATED ANIM	MAI (ALIVE)			First Harmful Event Location ON ROADWAY					
ŀ	Manner of Collision				Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT			Light Condition					
ŀ	Road Surface Condition(s)				Roadway	Factor(s)				
	()									
	Environment Factor(s)									
ŀ	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 JURISD		DICTION		
ĺ	Tribal Land		Acce		Access Control			Special Study		
Ţ	Unit Summary									
	Unit Status			Vehicle Operating As Classification			Unit Type			
	IN TRANSIT			D CLASS			AUTOMOBILE			
_	Vehicle Type					Operating As Endorsements			ments	
9	(SPORT) UTILITY VEHICLE									
ĺ	Total Occs Train/Bus # Injured			0				Total Haz	Mat Types	
	2					_	0			
		Direction Of Travel	Pre CrashTi		e Speed Lin		it Total Lanes		es	
╘	YES NORTHBOUND			Mark				Farancia Material VIII VIII VIII VIII VIII VIII VIII VI		
LNO	Most Harmful Event: Collision Wit		Special Function NO SPECIAL FUNCTIO		TION		Emergency Motor Vehicle Use NOT APPLICABLE			
	NON DOMESTICATED ANIM						affic Control Inoperative/Missing			
	Traffic Way	Traffic Contr	Traffic Control		Traffic Control Ino		uoi inoperat	uve/ivlissing		
	Surface Type	Road Curva	Road Curvature			Road Grade				

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	Truc	uck Bus or HazMat								
	NO									
	,	Vehicle								
		License Plate Number 765XRD	Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES					
UNIT 01	2	Vehicle Identification Number 1C4RJFBG8FC860205	Make JEEP	Year 2015	Model GRAND CHER					
	VEHICLE	Color WHI - WHITE Initial Contact Point	Body Style UT - SPORT UTILITY VEH Vehicle Damage	ICLE	Bus Use NOT A BUS					
		12FRONT Extent Of Damage FUNCTIONAL DAMAGE	UNDERCARRIAGE							
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	WNER						
		What Driver Was Doing Driver Prior Action Other	Vehicle Factors							
		Driver Actions								
LIND	VEHICLE	NO CONTRIBUTING ACTION								
		Driver Distractions NOT DISTRACTED								
2	9									
		Owner Name	Owner Address	Owner Address						
_	- 1	Policy Holder								
LNO		Insurance Company AMERICAN-FAMILY-INS-CO	Individual DARRELL STATZ							
	ı	Individual								
	J _A L	Driver DARRELL KENNETH STATZ (608) 206-3618	Citations Issued O Date of Birth		Sex MALE Race					
LINO	INDIVIDUAL	Address 406 KARLS LN	Driver License Number	Driver License Number						
		DANE, WI 53529 , US	STATE: WISCONSIN CO	STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash Seat Position	Safety Equipment SHOULDER & LAP BEL	Safety Equipment SHOULDER & LAP BELT						
		Helmet Use	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 TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results				
					Drug Test Type						
		Drug Test Given		Drug Test Results							
		TEST NOT GIVEN	IOT GIVEN			3 33 77					
_	Ξ	Drug Type									
10	001										
Individual Condition											
		APPEARED NORMAL									