

6TL0BSNQ70  
18-10907

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>18-10907</b>		Investigating Officer/Deputy <b>DEPUTY M. BURCH</b>	
Crash Date <b>10/02/2018</b>		Crash Time <b>07:00 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>10/02/2018</b>		Time Notified <b>07:36 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

<b>ON STH23 WB 1022 FT N OF FRIENDSHIP RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY</b>	Latitude <b>43.398351643</b>	Longitude <b>-90.036101262</b>
	X Coordinate <b>254130.453125</b>	Y Coordinate <b>4809530.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

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Truck Bus or HazMat <b>NO</b>													
UNIT 01	<b>Vehicle</b>												
	<table border="1"> <tr> <td>License Plate Number <b>941SZS</b></td> <td>Plate Type <b>AUT - AUTOMOBILE</b></td> <td>St <b>WI</b></td> <td>Country of Issuance <b>UNITED STATES</b></td> </tr> <tr> <td>Vehicle Identification Number <b>JTDKN3DU2A0173142</b></td> <td>Make <b>TOYOTA</b></td> <td>Year <b>2010</b></td> <td>Model <b>PRIUS</b></td> </tr> <tr> <td>Color <b>GRY - GRAY</b></td> <td>Body Style <b>4D - 4DR</b></td> <td colspan="2">Bus Use <b>NOT A BUS</b></td> </tr> </table>	License Plate Number <b>941SZS</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>JTDKN3DU2A0173142</b>	Make <b>TOYOTA</b>	Year <b>2010</b>	Model <b>PRIUS</b>	Color <b>GRY - GRAY</b>	Body Style <b>4D - 4DR</b>	Bus Use <b>NOT A BUS</b>	
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	Color <b>GRY - GRAY</b>	Body Style <b>4D - 4DR</b>	Bus Use <b>NOT A BUS</b>										
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage											
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</b>											
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>GEORGES AUTO BODY</b>											
	What Driver Was Doing	Vehicle Factors											
	Driver Prior Action Other												
Driver Actions <b>NO CONTRIBUTING ACTION</b>													
Driver Distractions <b>NOT DISTRACTED</b>													
Owner Name	Owner Address												
UNIT 01	<b>Policy Holder</b>												
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	<b>Equipment</b>	On Duty Crash	Safety Equipment										
Seat Position		<b>SHOULDER &amp; LAP BELT</b>											
Helmet Use		Helmet Compliance											
Eye Protection		Tint Compliance											

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

01	001						
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag			
		Ejected		Ejection Path	Trapped/Extricated		
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School	
		Action					
		Action Other					
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results				
01	001	Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					