6TL0BC3B27

18-11236

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 18-11236			Investigating Officer/Deputy DEPUTY W. VERTEIN				
27	Crash Date Crash Time			Date Arrived		Time Arrived		Arrived			
	10/10/2018 06:08 AM										
m	Date Notified	Time Notified		Total Ur	nits		Total	Injured	Total Killed	<u> </u>	
C3B	10/10/2018	06:10 AM		01			00		00		
-0B	On Emergency	lit and Run	Lane Clos	osure Work		k Zone		Trailer or To		Reporting Threshold	
6TL0B	Government Active School Zon			School Bus Related NO		Tags	Tags				
	Reportable	ICATED ANII	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 W BROADWAY/ STH154 EB				Latitude Longitude						
	285 FT W					43.47799	6435	_		354291	
	OF PARK ST					X Coordina	ate		Y Coordinate		
	IN THE VILLAGE OF ROCK	SPRINGS				263814.625				4818041	
	IN SAUK COUNTY								4010041		
					Structure Type						
L	Crash Scene										
'											
	First Harmful Event						ıful Event Lo	cation			
	NON DOMESTICATED ANIM	MAL (ALIVE)				ON ROA	DWAY				
	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT									
	Road Surface Condition(s)					Roadway I	Factor(s)				
	5										
	Environment Factor(s)										
	Weather Condition(s)										
	Treamer Certaineri(e)										
	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
•	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction					
						NO SPECIAL JURISDIC			TION		
-	Tribal Land					Access Control				Special Study	
į	Unit Summary										
Ī				Vehicle Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS			TRUCK				
ŀ	Vehicle Type				Operating As Endorsements						
01	UTILITY TRUCK/PICKUP TRUCK							3			
	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Traile		ers Total HazMat Typ		Mat Types	
	1		0			0		0		ac . ypoo	
	Insurance?	D: 1: 0(T				10 11:				95	
	YES	EASTBOUND	Fie C			re CrashTire Mark		Total Earles			
UNIT	Most Harmful Event: Collision With			Special Function				Emergence	Emergency Motor Vehicle Use		
5	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION		TION		NOT APPLICABLE			
	Traffic Way							Traffic Control Inoperative/Missing			
	Tianic vvay			Traffic Control			I raffic Con		ntroi inoperative/iviissing		
ŀ	Surface Type			Road Curvature				Road Grade			
	Vr-			Noda Guivature							

Crash Date 10/10/2018
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	Truc NO	ick Bus or HazMat								
	`	Vehicle								
۶		License Plate Number DG83137	Plate Type LIF - DONATE LIFE	St WI	Country of Issuance UNITED STATES					
	5	Vehicle Identification Number 1GB0G2BG6B1116130	Make CHEVROLET	Year 2011	Model EXPRESS CU					
		Color WHI - WHITE	Body Style VN - VAN		NOT A BUS					
_	VEHICLE	Initial Contact Point 9LEFT SIDE MIDDLE	Vehicle Damage							
LIND		Extent Of Damage FUNCTIONAL DAMAGE	9LEFT SIDE MIDDLE							
		Towed Due To Damage	Vehicle Removed By							
		NOT TOWED What Driver Was Doing	OPERATOR Vehicle Factors							
		<u> </u>	Verlicie Factors							
		Driver Prior Action Other								
	щ	Driver Actions NO CONTRIBUTING ACTION								
LNO	VEHICLE									
ر	\ 									
		Driver Distractions NOT DISTRACTED								
5	6									
		Owner Name Owner Address								
		Owner Name	Owner Address	Owner Address						
⊨	ı	Policy Holder								
		Insurance Company WEST-BEND-MUTUAL-INS-CO	Organization/Company HILLS WIRING INC							
	1	Individual								
		Driver	Citations Issued		Sex					
	7	ZEBULAHAN Z ALLEN (608) 963-9410	0		MALE					
LINO	INDIVIDUAL		Date of Birth		Race WHITE					
		Address E5342 SAND HILL RD	Driver License Number	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
		REEDSBURG, WI 53959 , US	STATE: WISCONSIN CO							
		Equipment On Duty Crash	Safety Equipment	Safety Equipment						
		Seat Position	SHOULDER & LAP BELT	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
		Eye Protection	Tint Compliance	Tint Compliance						

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Crash Date 10/10/2018

Crash Time 06:08 AM

i										
01	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag					
		Ejected	ected			Ejection Path		Trapped/Extricated		
		Medical Transport NOT TRANSPOR	TED		EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action	•	- 1		•				
_	NAL									
UNIT	INDIVIDUAL									
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										