

6TL09XQXZ9

18-11549

# 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>18-11549</b>	Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>10/17/2018</b>		Crash Time <b>06:38 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>10/17/2018</b>		Time Notified <b>06:40 PM</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 STH113 NB 801 FT S OF HALWEG RD IN THE TOWN OF MERRIMAC IN SAUK COUNTY</b>	Latitude <b>43.392208684</b>	Longitude <b>-89.67569868</b>
	X Coordinate <b>283295.96875</b>	Y Coordinate <b>4807848</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

<b>UNIT</b>	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>2</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>NORTHBOUND</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>411UKD</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>3A4FY58B47T606110</b></td> <td>Make <b>CHRYSLER</b></td> <td>Year <b>2007</b></td> <td>Model <b>PT CRUISER</b></td> </tr> <tr> <td>Color <b>SIL - SILVER (ALUMINUM)</b></td> <td>Body Style <b>VN - VAN</b></td> <td colspan="2">Bus Use <b>NOT A BUS</b></td> </tr> </table>	License Plate Number <b>411UKD</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>3A4FY58B47T606110</b>	Make <b>CHRYSLER</b>	Year <b>2007</b>	Model <b>PT CRUISER</b>	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>VN - VAN</b>	Bus Use <b>NOT A BUS</b>	
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	Extent Of Damage <b>DISABLING DAMAGE</b>												
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>EVERETTS TOWING</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												
<b>Policy Holder</b>													
Insurance Company <b>GENERAL-INS-CO-OF-AMERICA-(C/O-SAFECO-I</b>	Individual <b>MARIA BRITO</b>												
<b>Individual</b>													
Driver <b>MARIA DEL ROSARIO BRITO</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>											
	Date of Birth [REDACTED]	Race <b>HISPANIC</b>											
Address <b>624 BOOSTER BLVD REEDSBURG, WI 53959 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>												
<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	UNIT	INDIVIDUAL	001	Injury Severity		Airbag			
				<b>Injury</b>	<b>NO APPARENT INJURY</b>				
				Ejected		Ejection Path		Trapped/Extricated	
				Medical Transport		EMS Agency Identifier		EMS Run #	
				<b>NOT TRANSPORTED</b>					
				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		Suspected Drug Use	
						<b>NO</b>		<b>NO</b>	
				Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
				<b>TEST NOT GIVEN</b>					
				Drug Test Given		Drug Test Type		Drug Test Results	
				<b>TEST NOT GIVEN</b>					
01	UNIT	INDIVIDUAL	001	Drug Type					
				Individual Condition		<b>APPEARED NORMAL</b>			