6TL08WW13H

18-11598

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Document #			0,				Investigating Officer/Deputy CIVILIAN S. ADMIN			
ЗH	Crash Date Crash Time			Date Arrived		Time	Time Arrived				
Ξ	0 10/19/2018 06:05 AM			Total U	nito		Total	Injured	Total Killed	1	
≷	Date Notified Time Notified 10/19/2018 06:15 AM			01	nits		10tai	Injurea	00		
6TL08WW1	On Emergency Hit and Run		Lane Clos	Lane Closure		rk Zone		railer or T	iler or Towed Reporting		
STL	Government Property Active School Zone				School Bus Related			Tags			
Ŭ	Reportable Crash Type NON-DOMESTICATED ANI			NIMAL W/ NO INJURY						Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location					-			-		
-	ON STH113 SB 222 FT S					Latitude Longitude					
	OF CTHDL SB					43.430332798			-89.695916187		
	IN THE TOWN OF GREENFI	ELD				X Coordinate 281795.5			Y Coordinate 4812135		
	IN SAUK COUNTY					Structure T					
	Crash Scene										
	First Harmful Event					First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT	Г								
	Road Surface Condition(s)					Roadway F	actor(s)				
	Environment Factor(s)										
	Weather Condition(s)										
	Asianal Tura										
	Animal Type DEER					Relation To Trafficway TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SP		SPECIAL JURISDICTION				
	Tribal Land			Acc		Access Control			Special Study		
									<u> </u>		
	Unit Summary		1/-1		ating As C	accification		Linit Tr			
	Unit Status Vehicle Operating As C IN TRANSIT D CLASS					lassification Unit Type AUTOMOBILE					
	Vehicle Type				Operating As Endorsements						
9	PASSENGER CAR										
	Total Occs	Train/Bus # Injured	Tota	Total # Citations Issued			Total Traile		Total Haz	Mat Types	
	2		0	0			0		0		
		Direction Of Travel		Fle Glasiffie			Speed Lim	Speed Limit Total Lanes			
UNIT	YES SOUTHBOUND			Special Function					Emergency Motor Vehicle Use		
5	NOST Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			UNKNOWN			UNKNOW				
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	UNKNOWN			UNKNOWN				UNKNOWN			
				Road Curvature				Road Grade			
	UNKNOWN				I			UNKNOWN			

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

	Truck Bus or HazMat									
		Vehicle License Plate Numbe	~		St	Country of Issuance				
		884YYX		AUT - AUTOMOBILE						
		Vehicle Identification Number		Make	Year	UNITED STATES Model				
9	0	KMHDU46D28U46	62602	HYUNDAI	2008	ELANTRA				
UNIT		Color		Body Style						
		BLK - BLACK		4D - 4DR		NOT A BUS				
	VEHICLE	Initial Contact Point 11LEFT FRONT	COPNER	Vehicle Damage	Vehicle Damage					
		Extent Of Damage		11LEFT FRONT CORNI	11LEFT FRONT CORNER, 12FRONT					
		FUNCTIONAL DA	MAGE	···· · · · · · · · · · · · · · · · ·						
	-	Towed Due To Dama	age	Vehicle Removed By	Vehicle Removed By					
		NOT TOWED		ARNESON SERVICE	ARNESON SERVICE					
		What Driver Was Doi	ing	Vehicle Factors						
		Deliver Deler Anting Ot	44							
		Driver Prior Action Ot	tner							
		Driver Actions								
	щ	NO CONTRIBUTING ACTION								
UNIT	VEHICLE									
5	E									
	2									
		Driver Distractions								
		NOT DISTRACTED								
01	~									
0	9									
		Owner Name		Owner Address	Owner Address					
F			Policy Holder							
UNIT		Insurance Company AMERICAN-FAMI								
				CLARICE OF HOFF						
		Individual Driver Citations Issued Sex								
		Driver CLARICE A UPHOFF		0		Sex FEMALE				
	JAL			Date of Birth		Race				
F	INDIVIDUAL					WHITE				
UNIT	N	Address		Driver License Number	Driver License Number					
	Z	525 BASCOM HILL BARABOO, WI 53913 , US		STATE: WISCONSIN C	STATE: WISCONSIN COUNTRY: UNITED STATES					
			,							
		On Duty Crash		Safety Equipment	Safety Equipment					
		Seat Position								
				RESTRAINT USE UNK						
		Helmet Use		Helmet Compliance	Helmet Compliance					
		Eye Protection		Tint Compliance						
				Tint Compliance						

Form DT4000

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6	001	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					
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action									
⊢	UAL										
UNIT	INDIVIDUAL										
	Z										
		Action Other									
	Ľ	Drug & Alcohol	Suspected Alcohol	Use	Suspected Drug Use						
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results				
2	001	Drug Type									
		Individual Condition	ndividual Condition								
		APPEARED NOR	MAL								