

6TL0B655N0  
18-11677

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>18-11677</b>	Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>10/20/2018</b>		Crash Time <b>07:00 PM</b>	Date Arrived <b>10/20/2018</b>	Time Arrived <b>07:11 PM</b>	
Date Notified <b>10/20/2018</b>		Time Notified <b>07:05 PM</b>	Total Units <b>01</b>	Total Injured <b>01</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>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>DEPUTY W. NEUBAUER</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS TRAVELING E/B ON USH 14. UNIT 1 COLLIDED WITH DEER IN ROADWAY. UNIT 1 CAME TO REST ON THE E/B SHOULDER OF USH 14. 1 PASSENGER COMPLAINED OF NECK AND HAND INJURY. SPRING GREEN FIRE AND EMS RESPONDED. PASSENGER TRANSPORTED TO RICHLAND CENTER HOSPITAL FOR INJURIES.

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Location

ON USH14 EB 0.27 MI E OF DYKE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.189676923</b>	Longitude <b>-90.128032522</b>
	X Coordinate <b>245816.734375</b>	Y Coordinate <b>4786629.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>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 <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
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 <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	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>3</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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>3</b>
	Most Harmful Event: Collision With <b>DOMESTICATED ANIMAL - ALIVE</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

01 UNIT	<b>Vehicle</b>			
	License Plate Number <b>ABS6082</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3FAPP37393R143191</b>	Make <b>FORD</b>	Year <b>2003</b>	Model <b>FOCUS ZX5</b>
	Color <b>GRY - GRAY</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>OPERATOR</b>			
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
		Driver Prior Action Other		<b>NOT APPLICABLE</b>			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>					
01	01	Driver Distractions <b>NOT DISTRACTED</b>					
		Owner Name <b>SANDRA J LEFFLER (608) 822-5422</b>		Owner Address <b>6868 US HIGHWAY 18 FENNIMORE, WI 53809 , US</b>			
<b>Sequence Of Events</b>							
UNIT	INDIVIDUAL	01	Event <b>DOMESTICATED ANIMAL - ALIVE</b>				
		02	Event				
		03	Event				
		04	Event				
<b>Policy Holder</b>							
UNIT	INDIVIDUAL	Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>		Individual <b>SANDRA LEFFLER</b>			
		Driver <b>SEARRA ROSE LEFFLER (608) 822-5422</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
UNIT	INDIVIDUAL	Date of Birth [REDACTED]		Race <b>WHITE</b>			
		Address <b>6868 US HIGHWAY 18 FENNIMORE, WI 53809 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	001	<b>Equipment</b>		On Duty Crash			
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>		
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

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UNIT	INDIVIDUAL	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		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>KATELYN JO REYNOLDS (608) 778-6734</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth [REDACTED]	Race <b>WHITE</b>		
		Address <b>1725 15TH ST FENNIMORE, WI 53809 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>		<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
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		

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UNIT 01	INDIVIDUAL	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		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		UNIT 01	INDIVIDUAL	<b>Individual</b>			
				Passenger <b>CATRINIA M FAGAN (608) 726-0390</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
				Address <b>1340 11TH ST FENNIMORE, WI 53809 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
				Driver License Number [REDACTED]			
				<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Equipment</b>	On Duty Crash			Safety Equipment			
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>			<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use			Helmet Compliance			
	Eye Protection			Tint Compliance			
UNIT 01	INDIVIDUAL			<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-FRONT</b>
		Ejected <b>NOT EJECTED</b>			Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000554</b>	EMS Run #		
		Hospital <b>RICHLAND HOSP</b>		Date of Death	Time of Death		
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School

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UNIT INDIVIDUAL	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	
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			
	01 003			