6TL0BGSFC0 18-11740

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/22/2018

Crash Time 07:07 AM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-11740			Investigating Officer/Deputy DEPUTY B. LUBER				
0	Crash Date Crash Time			Date Arrived		Time Arrived					
C	10/22/2018 07:07 AM										
ш	Date Notified	Time Notified		Total Ur	nits		Total	Injured	Total Killed	<u>'</u>	
GS	10/22/2018	07:32 AM			01		00		00		
OB	On Emergency	lit and Run	and Run Lane Clo		osure Work			Trailer or To		Reporting Threshold	
eTL	Government Active School Zone			School NO				ags			
	Reportable	TICATED AN	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.										
Ĭ	Location										
Ī	ON STH58 NB					Latitude Longitude					
	0.27 MI W					43.538650524		_		7324305	
	OF CTHG WB					X Coordin	ate	Y Coordinate		linate	
	IN THE TOWN OF IRONTON	1				243288.375				4825539.5	
	IN SAUK COUNTY										
						Structure 7	туре				
	Crach Scono										
,	Crash Scene										
	First Harmful Event						ful Event Lo	cation			
	NON DOMESTICATED ANIM	MAL (ALIVE)				ON ROADWAY					
	Manner of Collision		_			Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPOR	1								
	Road Surface Condition(s)					Roadway	Factor(s)				
	F										
	Environment Factor(s)										
ŀ	Weather Condition(s)										
	Weather Condition(3)										
	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
•	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION			ON		
-	Tribal Land					Access Control				Special Study	
Ī	Unit Summary									•	
Ī					Vehicle Operating As Classification			Unit Type			
	IN TRANSIT			D CLASS			AUTOMOBILE				
	Vehicle Type							Operating As Endor		ments	
01	PASSENGER CAR					operating to an accommend					
-	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Traile		lers Total HazMat Types 0		Mat Tynes	
	1		wat Types								
	Insurance?	Direction Of Travel			0		9 11:				
	resurance? Direction of Travel			Pre CrashTire Mark		Speed Lilli		IIIII I I I I I I I I I I I I I I I I			
LIND	Most Harmful Event: Collision With			Special Function				 Emergency Motor Vehicle Use		icle I lee	
5				NO SPECIAL FUNCTION					NOT APPLICABLE		
ļ	NON DOMESTICATED ANIMAL (ALIVE)										
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	Surface Type			Road Curvature			Road Grade				
				Noau Ourvalule				Tiodd Giddo			

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	Truc NO	ck Bus or HazMat							
	_								
	'	Vehicle							
UNIT 01		License Plate Number 880PVH	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
	2	Vehicle Identification Number 1C3CCCAB8FN595539	Make Year CHRYSLER 2015		Model 200				
		Color BLK - BLACK	Body Style SD - SEDAN	·	Bus Use NOT A BUS				
	CLE	Initial Contact Point 12FRONT	Vehicle Damage	Vehicle Damage					
	VEHICL	Extent Of Damage DISABLING DAMAGE	12FRONT						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SHIELDS TOWING	Vehicle Removed By SHIELDS TOWING					
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
5	VEH								
		Driver Distractions UNKNOWN IF DISTRACTED							
5	5								
		Owner Name	Owner Address						
ΗN	I	Policy Holder							
5		Insurance Company PROASSURANCE-CASUALTY-CO	Individual ELIZABETH MUELLER	ELIZABETH MUELLER					
	ı	Individual							
	_	Driver ELIZABETH M MUELLER	Citations Issued 0		Sex FEMALE				
_	INDIVIDUAL	(608) 434-9010	Date of Birth		Race WHITE				
LINO		Address 33460 CTY HWY N HILLPOINT, WI 53937, US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment	Safety Equipment					
		Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance						

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					1						
10	001	Injury	Injury Severity NO APPARENT	INJURY	Airbag						
		Ejected			Ejection Path		Trapped/Extricated				
		Medical Transport			EMS Agency Ident	ifier	EMS Run #				
		NOT TRANSPOR	TED								
		Hospital			Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action	•	•		•					
	7										
_	INDIVIDUAL										
UNIT	₽										
	\geq										
	닐										
	=										
		Action Other									
			Suspected Alcohol	Use	Suspected Drug U	se					
	E	Drug & Alcohol	NO		NO						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN	I								
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN	ı				J.ug . cot . toculo				
_	Ξ	Drug Type									
10	001										
	Individual Condition										
	APPEARED NORMAL										