6TL096J8XK 18-11765

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 07:31 PM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-11765			Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER				
	Crash Date	Crash Time		Date Ar	rived		Time Arrived				
×	Trash Date Crash Time 10/22/2018 07:31 PM			Dato / ti	11100	Time		71111100			
×											
∞	Date Notified	Time Notified		Total Ur	nits			Injured	Total Killed	d	
\mathbf{z}	10/22/2018	07:31 PM		01	01		00	00			
.096J8XK	On Emergency	t and Run Lane Cl		osure Wo		rk Zone		Frailer or 1	owed	Reporting Threshold	
eTL	Government	— A ations Oak	7	School Bus Relate		ed	Tags				
9	Property	ool Zone	NO								
	Reportable	ICATED ANI	ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
I	Location										
- [ON CTHF SB					Latitude Longitude					
	0.29 MI W					43.63249	96965			4189509	
	OF WIESE RD										
	IN THE TOWN OF WINFIELD)				X Coordinate 254427.703125				Y Coordinate 4835560	
	IN SAUK COUNTY									JU	
						Structure	Туре				
(Crash Scene										
7							-6-1 F 4 1 -				
	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED ANIN	IAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT									
ĺ	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
	Weather Condition(s)										
ļ	A : 17										
	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURIS Access Control		SDICTION			
										Special Study	
ı	Jnit Summary										
<u> </u>	Unit Status		LV	ahicla Opera	ating As C	laccification		Unit Tun -			
					alling AS C	viassiiivatiUII		Unit Type AUTOMOBILE			
	IN TRANSIT D CLASS				Operating As Endorsements						
0	Vehicle Type							Operating	As Endorser	ments	
0	(SPORT) UTILITY VEHICLE										
	Total Occs Train/Bus # Injured 1		To	Total # Citations Issued 0		0		0		Mat Types	
			0								
	Insurance?	Direction Of Travel Pre Crash1			rashTire					es	
\vdash	YES SOUTHBOUND			Mark							
LIND					pecial Function			Emergency Motor Vehicle Use			
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTI			TION		NOT APPLICABLE		
	` ,								Traffic Control Inoperative/Missing		
	Traffic Way			Traffic Control			i raffic Co		ontroi moperative/Missing		
	Confess Tomas						Deed One 1				
	Surface Type			Road Curvature				Road Grade			

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	Truc NO	k Bus or HazMat							
	,	Vehicle							
UNIT 04	01	License Plate Number A382094 Vehicle Identification Number 1FMCU9GDXJUB26743	Plate Type GOV - U S GOVERNMENT Make FORD	St US Year	Country of Issuance UNITED STATES Model				
	0	Color WHI - WHITE	Body Style 4D - 4DR	2018	Bus Use NOT A BUS				
	VEHICLE	Initial Contact Point 10LEFT SIDE FRONT Extent Of Damage MINOR DAMAGE Towed Due To Damage	Vehicle Damage 10LEFT SIDE FRONT Vehicle Removed By	0LEFT SIDE FRONT					
		NOT TOWED What Driver Was Doing Driver Prior Action Other OPERATOR Vehicle Factors							
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
10	10	Driver Distractions NOT DISTRACTED							
		Owner Name	Owner Address						
Ħ		Policy Holder							
S		Insurance Company GOVERNMENT	Government	Government					
		Individual Driver Citations Issued Sex							
LINO	OUAL	SCOTT MATTHEW WELCH (608) 301-7896	0 Date of Birth		Sex MALE Race WHITE				
	INDIVIDUAL	Address 920 MAIN CAMPUS DRIVE RALEIGH, NC 27606, US	Driver License Number STATE: WISCONSIN COU	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment On Duty Crash Seat Position	SHOULDER & LAP BELT	SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eve Protection	Tint Compliance						

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i										
10	00	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	•	- 1		•				
_	NAL									
UNIT	INDIVIDUAL									
	S									
		A :: 0:1								
		Action Other								
	L	Drug & Alcohol NO			Suspected Drug Use NO					
	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										