6TL097RB2C 18-11999

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/28/2018

Crash Time 07:13 PM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-11999			Investigating Officer/Deputy DEPUTY J. EYTALIS				
5 C	Crash Date Crash Time		Date Arrived		Time Arrived		Arrived	ed			
	10/28/2018 07:13 PM										
B	Date Notified	Time Notified		Total Ur	nits		Total	Injured	Total Killed	1	
	10/28/2018	07:13 PM			01		00			00	
60-	On Emergency Hit and Run Lai			Closure Work Zone			Trailer or Towed		Reporting Threshold		
6TL097R	Government Active School Zone			School Bus Related NO			Tags	Tags			
	Reportable	TED ANIM	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.										
	Location										
-	ON LINN ST/ STH136 EB					Latitude Longitude					
	180 FT E					43.482171582		-89.80		1772497	
	OF RAVEN ACRES DR IN THE TOWN OF BARABOO					X Coordina	ate	Y Coordinate		inate	
	IN SAUK COUNTY	O				273421.03125 4818175					
					Structure Type						
L	0										
,	Crash Scene										
	First Harmful Event						ful Event Lo	cation			
	NON DOMESTICATED ANIM	/IAL (ALIVE)				ON ROADWAY					
	Manner of Collision NO COLLISION W/VEHICLE	IN TO ANGROOT				Light Condition					
ŀ	Road Surface Condition(s)	IN IKANSPORT				Roadway	Factor(a)				
	Road Surface Condition(s)					Ruauway	racioi(s)				
ŀ	Environment Factor(s)										
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
-	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPECIAL JURISI Access Control		SDICTION			
ŀ	Tribal Land									Special Study	
Ī	Unit Summary										
Ī				Vehicle Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS			AUTOMOBI		BILE		
_	Vehicle Type				Operating As Endorsements			ments			
0	(SPORT) UTILITY VEHICLE										
	Total Occs Train/Bus # Injured		Tota	Total # Citations Issued		Total Traile		ers Total HazMa		Mat Types	
				0		0		0			
	nsurance? Direction Of Travel Pre			rie Crasiiile '		Speed Lim	peed Limit		Total Lanes		
╘	YES EASTBOUND			Mark							
UNIT	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCTION		TION		Emergency Motor Vehicle Use NOT APPLICABLE			
	11011 201120 11071 22 711111117 (712.112)										
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	Surface Type			Road Curvature			Road Gra		ade		

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	T	I. Dun and In-Mad				_				
	NO	ick Bus or HazMat								
		V-1 '-1-								
	,	Vehicle								
۵		License Plate Number 897SUT	Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES					
	5	Vehicle Identification Number 4M2YU56115DJ32344	Make Year MERCURY 2005		Model MARINER					
	VEHICLE	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEI	HICLE	Bus Use NOT A BUS					
LINO		Initial Contact Point 12FRONT	Vehicle Damage 1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 12FRONT							
		Extent Of Damage DISABLING DAMAGE								
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING							
		What Driver Was Doing	Vehicle Factors							
		3								
		Driver Prior Action Other								
		Driver Actions NO CONTRIBUTING ACTION								
느	S	TO CONTRIBUTION ACTION								
LNO	VEHICLE									
	>									
		Driver Distractions NOT DISTRACTED								
		MOT DIGHTAGTED								
5	5									
0	0									
		Owner Name	Owner Address							
		Dell'es Heller								
Ę		Policy Holder Insurance Company	Individual							
5		STATE-FARM-GENERAL-INS-CO	ILSE BENSON							
	ļ	Individual								
		Driver	Citations Issued		Sex					
	A F	ILSE M BENSON (608) 448-7760	Date of Birth Ra		FEMALE Race					
⊢	INDIVIDUAL				WHITE					
		Address 109 E BROADWAY	Driver License Number							
		ROCK SPRINGS, WI 53961 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
				Sofatu Favinment						
		Equipment On Duty Crash	Safety Equipment							
		Seat Position	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Committee			_				
		Lyc i lotection	Tint Compliance							

Form DT4000

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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						
	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					<u> </u>				
_	Ξ	Drug Type									
10	001										
Individual Condition											
		APPEARED NORMAL									

Wisconsin Motor Vehicle Crash

Form DT4000