

6TL09QKRD3
18-11968

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 18-11968		Investigating Officer/Deputy DEPUTY S. STACEY	
Crash Date 10/28/2018		Crash Time 12:00 AM		Date Arrived		Time Arrived	
Date Notified 10/28/2018		Time Notified 12:05 AM		Total Units 01		Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY				<input type="checkbox"/> Amended	
<input type="checkbox"/> Secondary Crash							

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

Location

ON REEDSBURG RD 0.52 MI W OF CTHU EB IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.532212392	Longitude -89.749219245
	X Coordinate 277854.90625	Y Coordinate 4823591
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type DEER	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control	Special Study

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes
	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing
	Surface Type		Road Curvature		Road Grade

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Truck Bus or HazMat NO													
UNIT 01	Vehicle												
	<table border="1"> <tr> <td>License Plate Number 902SVV</td> <td>Plate Type AUT - AUTOMOBILE</td> <td>St WI</td> <td>Country of Issuance UNITED STATES</td> </tr> <tr> <td>Vehicle Identification Number 2G1WF5EK7B1303695</td> <td>Make CHEVROLET</td> <td>Year 2011</td> <td>Model IMPALA</td> </tr> <tr> <td>Color WHI - WHITE</td> <td>Body Style SD - SEDAN</td> <td colspan="2">Bus Use NOT A BUS</td> </tr> </table>	License Plate Number 902SVV	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	Vehicle Identification Number 2G1WF5EK7B1303695	Make CHEVROLET	Year 2011	Model IMPALA	Color WHI - WHITE	Body Style SD - SEDAN	Bus Use NOT A BUS	
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	Extent Of Damage FUNCTIONAL DAMAGE												
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER											
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE											
Driver Prior Action Other													
Driver Actions NO CONTRIBUTING ACTION													
Driver Distractions NOT DISTRACTED													
Owner Name	Owner Address												
Policy Holder													
Insurance Company INTEGRITY-MUTUAL-INS-CO	Individual THOMAS BEDER												
Individual													
Driver THOMAS EUGENE BEDER (608) 408-9101	<table border="1"> <tr> <td>Citations Issued 0</td> <td>Sex MALE</td> </tr> <tr> <td>Date of Birth [REDACTED]</td> <td>Race WHITE</td> </tr> </table>	Citations Issued 0	Sex MALE	Date of Birth [REDACTED]	Race WHITE								
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Address 495 EMBER AVE OXFORD, WI 53952 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES												
Equipment	On Duty Crash												
Seat Position	Safety Equipment SHOULDER & LAP BELT												
Helmet Use	Helmet Compliance												
Eye Protection	Tint Compliance												

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01	UNIT	INDIVIDUAL	001								
				Injury	Injury Severity NO APPARENT INJURY	Airbag					
				Ejected		Ejection Path		Trapped/Extricated			
				Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
				Hospital		Date of Death		Time of Death			
				Non Motorist		Striking Unit #	Prior Action	Location	To/From School		
				Action							
				Action Other							
				Drug & Alcohol		Suspected Alcohol Use 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	UNIT	INDIVIDUAL	001	Drug Type			
								Individual Condition APPEARED NORMAL			