6TL09JDKWC

Document Number Override

18-12052

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

Agency Crash Number

Primary Crash Document #

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

Investigating Officer/Deputy

					18-12052			DEPUTY B. SCHLOUGH				
S	Crash Date	Crash Time 05:30 AM		Date Arrived		Time	Time Arrived					
2	10/30/2018											
Y	Date Notified	Time Notified	Time Notified		nits		Total Injured		Total Killed			
Δ	10/30/2018	05:31 AM		01			00	00				
6TL09JDKWC	On Emergency	t and Run		ure Work Zone		rk Zone		Trailer or Towed		red Reporting Threshold		
ŝТL	Government Property	hool Zone	School Bus Related NO			Tags						
•	✓ Reportable	Crash Type NON-DOMES	Type DOMESTICATED ANIMAL W/ NO INJUR			Amended				Secondary Crash		
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	ON USH12 EB 319 FT N				Latitude 43.28262385			Longitude -89.759061352				
	OF SAUK PRAIRIE RD IN THE TOWN OF PRAIRIE I	DU SAC				X Coordinate 276141.625				Y Coordinate 4795897.5		
	IN SAUK COUNTY					Structure Type						
						NO STRU						
	Crash Scene					1						
1						First Line	ful Event	action				
	First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)					First Harmful Event Location ON ROADWAY						
	Manner of Collision			Light Condition								
	NO COLLISION W/VEHICLE	IN TRANSPOR	т									
	Road Surface Condition(s)					Roadway I	Factor(s)					
						-						
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type					Relation To Trafficway						
	DEER					TRAFFICWAY - ON ROAD						
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
						Access Control				Special Study		
										opoolai		
l	Unit Summary											
	Unit Status		Veh	icle Oner:	ating As C	lassification		Unit Type				
	IN TRANSIT D CLASS				aning i to o		AUTOMO					
	Vehicle Type				Operating As Endorsements							
01	PASSENGER CAR											
	Total Occs Train/Bus # Injured			Total # Citations Issued		d Total Tra		railers Tota		I HazMat Types		
	1		0			0		0				
	Insurance?	Direction Of Trave		Pre CrashTire			Speed Lim		nit Total Lanes			
F	YES	SOUTHBOUND		Mark								
UNIT	Most Harmful Event: Collision With			Special Function		TION		Emergency Motor Vehicle Use				
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION						CABLE		
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type			Road Curvature				Road Grade				

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	Truck Bus or HazMat NO									
	,	Vehicle								
		License Plate Number ADP3567	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
UNIT 01	0	Vehicle Identification Number 1FAHP2D8XFG112790	Make FORD	Year 2015	Model TAURUS					
		Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN		Bus Use NOT A BUS					
	VEHICLE	Initial Contact Point 12FRONT Extent Of Damage	Vehicle Damage 12FRONT							
	>	DISABLING DAMAGE Towed Due To Damage	Vehicle Removed By	/ehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE	EVERETTS TOWING							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
	щ	Driver Actions NO CONTRIBUTING ACTION								
UNIT	VEHICLE									
	Ň									
		Driver Distractions NOT DISTRACTED								
9	6									
		Owner Name	Owner Address	Owner Address						
Ь		Policy Holder								
UNIT		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual STEPHANIE WILSON	Individual STEPHANIE WILSON						
	1	Individual								
		Driver GABRIEL RAYMOND BERNARD	Citations Issued 0		Sex MALE					
UNIT	INDIVIDUAL	(608) 695-4635	Date of Birth		Race BLACK					
		Address 2025 FLOYD PL	Driver License Number							
	Z	MADISON, WI 53713 , US	STATE: WISCONSIN C	STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment	Safety Equipment						
		Seat Position	SHOULDER & LAP BE	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
I		Eve Protection	Tint Compliance							

Eye Protection

Tint Compliance

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6	001	Injury	Injury Severity NO APPARENT	INJURY	Airbag	Airbag					
		Ejected	ijected				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					
	UAL										
UNIT	INDIVIDUAL										
	IN										
		Action Other									
	Ľ	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				
2	001	Drug Type			1						
		Individual Condition									