6TL09KMLZ4

18-12143

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

| | Document Number Override Primary Crash Document # | | | Agency Crash Number 18-12143 | | | | Investigating Officer/Deputy DEPUTY S. FINNEGAN | | | |
|-----------------|---|---------------------------------|---------------------|--------------------------------------|---|---|-------------------------|---|---------------------------------|--------------------------------|--|
| 4 | Crash Date Crash Time | | | Date Arrived | | Time | Time Arrived | | | | |
| Ň | 11/01/2018 04:55 AM Date Notified Time Notified | | | Tatal U | nita | | Toto | Liniurad | Total Kille | 4 | |
| Š | Date NotifiedTime Notified11/01/201804:58 AM | | | Total Units 01 | | | Total Inju 00 | | 00 | u | |
| 6TL09KML | On Emergency Hit and R | | I Run 🗌 Lane Closur | | ure Work Zone | | | Trailer or Towe | | Reporting Threshold | |
| 6TL | Government Property Active School Zone | | | School Bus Related | | | Tage | Tags | | | |
| | Crash Type NON-DOMESTICATED AN | | | | NIMAL 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 CTHPF SB 0.35 MI N | | | | Latitude Longitude 43.32065586 -89.930373606 | | | | | | |
| | OF CEDAR RD IN THE TOWN OF HONEY CREEK IN SAUK COUNTY | | | | X Coordinate 262389.65625 | | | | Y Coordinate 4800595 | | |
| | | | | | Structure Type NO STRUCTURE | | | | | | |
| | Crash Scene | | | | | | | | | | |
| - | First Harmful Event | | | | | | ful Event Lo | ocation | | | |
| | NON DOMESTICATED ANIM | NON DOMESTICATED ANIMAL (ALIVE) | | | | ON ROA | DWAY | | | | |
| | Manner of Collision | | | | Light Condition | | | | | | |
| | NO COLLISION W/VEHICLE | IN TRANSPOR | RT | | | | | | | | |
| | Road Surface Condition(s) | | | | | Roadway I | -actor(s) | | | | |
| | Environment Factor(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| | Weather Condition(s) | | | | | | | | | | |
| | Animal Type | | | | | Relation To Trafficway | | | | | |
| | DEER | | | | | TRAFFICWAY - ON ROAD | | | | | |
| | | | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | | |
| | PUBLIC PROPERTY Tribal Land | | | Access Control | | | | | Special Study | | |
| | | | | | | | | | | | |
| | Unit Status Vehicle Operating As Cl | | | | | lassification | | Unit Type | | | |
| I | IN TRANSIT D CLASS | | | | AUTOMO | | | BILE | | | |
| 6 | Vehicle Type | | | | | | | Operating / | As Endorse | ments | |
| 0 | PASSENGER CAR | | | | | | | | | | |
| L | Total Occs | Frain/Bus # Injure | d Tota O | Total # Citations Issued 0 | | | Total Trail 0 | Trailers T | | Total HazMat Types 0 | |
| | Insurance? | Direction Of Trave | 9 | | rashTire Mark | | Speed Lin | nit | Total Lan | es | |
| UNIT | Most Harmful Event: Collision With | | | Special Function NO SPECIAL FUNCTION | | | | Emergency Motor Vehicle Use | | | |
| - | NON DOMESTICATED ANIMAE (ALIVE) | | | Traffic Control | | | | | fic Control Inoperative/Missing | | |
| 1 | Trano way | | | Hanic Control | | | | | | | |
| 1 | Surface Type | | | Road Curvature | | | | Road Grade | | | |
| | | | | | | | | | | | |

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| | Truc NO | ick Bus or HazMat | | | | | | | |
|---------|------------|--|---------------------------------------|---|--------------------------------------|--|--|--|--|
| | | Vehicle | | | | | | | |
| | | License Plate Number 850ZUW | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | | | | |
| UNIT 01 | 6 | Vehicle Identification Number JTDKB20UX73289785 | Make TOYOTA | Year 2007 | Model PRIUS | | | | |
| | | Color SIL - SILVER (ALUMINUM) | Body Style HB - HATCHBACK | | Bus Use NOT A BUS | | | | |
| | VEHICLE | Initial Contact Point 12FRONT Extent Of Damage DISABLING DAMAGE | Vehicle Damage | | | | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By EVERETTS TOWING | | | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | | | |
| | | Driver Prior Action Other | | | | | | | |
| UNIT | щ | Driver Actions NO CONTRIBUTING ACTION | | | | | | | |
| | VEHICLE | | | | | | | | |
| | Ž | | | | | | | | |
| | | Driver Distractions NOT DISTRACTED | | | | | | | |
| _ | _ | | | | | | | | |
| 0 | 0 | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name | Owner Address | Owner Address | | | | | |
| | | | | | | | | | |
| F | I | Policy Holder | | | | | | | |
| UNIT | | Insurance Company ERIE-INS-CO | Individual MATTHEW SCHULTE | | | | | | |
| | I | Individual | | | | | | | |
| | _ | Driver MATTHEW EDWARD SCHULTE | Citations Issued 0 | | Sex MALE | | | | |
| F | INDIVIDUAL | (608) 963-4708 | Date of Birth | | Race WHITE | | | | |
| UNIT | IDIVI | Address S6448 CREST DR | Driver License Number | | | | | | |
| | 2 | HILLPOINT, WI 53937 , 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 | | Eye Protection | Tint Compliance | | | | | | |

Wisconsin Motor Vehicle Crash

Form DT4000

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

| 6 | 001 | Injury | Injury Severity NO APPARENT INJURY | | | Airbag | | | | | |
|------|------------|-----------------------------------|---------------------------------------|-----------------------------|-------------------|----------|----------------------|----------------|--|--|--|
| | | Ejected | | | Ejection Path | | Trapped/Extricated | | | | |
| | | Medical Transport NOT TRANSPORTED | | | EMS Agency Iden | tifier | EMS Run # | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | | |
| | | Non Motorist | Striking Unit # | Prior Action | | Location | · | To/From School | | | |
| | | Action | | 1 | | | | L | | | |
| L | UAL | | | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | | | | |
| | | | | | | | | | | | |
| | Ľ | Drug & Alcohol | Suspected Alcohol | Suspected Alcohol Use NO | | se | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | | Alcohol Test Type | | Alcohol Test Results | | | | |
| | | Drug Test Given TEST NOT GIVEN | | | Drug Test Type | | Drug Test Results | | | | |
| 9 | 001 | Drug Type | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NOR | MAL | | | | | | | | |