## 6TL0B8M7TT

18-12060

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/30/2018

Crash Time 06:55 AM

ſ	Document Number Override	Primary Crash Document #	Agency Cr	gency Crash Number Inve		vestigating Officer/Deputy			
			18-12060	18-12060		DEPUTY B. MEARS			
۲ĺ	Crash Date 10/30/2018	Crash Time 06:55 AM	Date Arrive	Date Arrived		Time Arrived			
<b>M</b>	Date Notified	Time Notified	Total Units	•		Injured	Total Killed	I	
8	10/30/2018	07:02 AM	01		00		00	00	
TL0B8M7TT	On Emergency	it and Run Lane	Closure	Work Zone		railer or T	owed	Reporting Threshold	
6TI	Government Property	Active School Zone Crash Type	School Bu:	s Related	Tags				
	Reportable	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.								
Į	Location								
	ON CTHG NB			Latitude	1 9				
	0.41 MI S OF CTHK EB			43.476132593				2724026	
	IN THE TOWN OF IRONTON	I			X Coordinate Y Coor				
	IN SAUK COUNTY				245012.75 Structure Type			4818520	
				Structure	Туре				
	Crash Scene								
1				First Harr	- <b>6</b> - 1   <b>5</b> - 1 - 2   1 - 2				
	First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)				First Harmful Event Location ON ROADWAY				
-	Manner of Collision				Light Condition				
	NO COLLISION W/VEHICLE	IN TRANSPORT		3 ***					
ŀ	Road Surface Condition(s)			Roadway	Factor(s)				
-	Environment Factor(s)								
	2								
	Weather Condition(s)								
-	Animal Type DEER				Relation To Trafficway				
					TRAFFICWAY - ON ROAD				
	Crash Classification - Location PUBLIC PROPERTY Tribal Land				Crash Classification - Jurisdiction				
ļ				Access Control		AL JURISDICTION rol		I	
								Special Study	
١	In it Common and								
_	Unit Summary Unit Status		Vehicle Operation	g As Classification	)	Unit Type			
	IN TRANSIT D CLASS			ig 7 to Glacomodilor	TRUCK				
-	Vehicle Type				Operating As Endorsements				
0	UTILITY TRUCK/PICKUP TRUCK								
Ī	Total Occs Train/Bus # Injured							Total HazMat Types	
	01		0		0		0		
		Direction Of Travel NORTHBOUND		Pre CrashTire Mark Spee				es	
UNIT	Most Harmful Event: Collision Wit	Special Function		•	Emergency Motor Vehicle Use				
	NON DOMESTICATED ANIM	NO SPECIAL FUNCTION			NOT APPLICABLE				
	Traffic Way	Traffic Control			Traffic Control Inoperative/Missing				
-	Surface Type	Road Curvature			Road Grade				

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	-	I D II M .								
	NO	ck Bus or HazMat								
		V-1 '-1.								
		/ehicle								
5		License Plate Number NG1017	Plate Type  LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES					
	5	Vehicle Identification Number 1GCGTBEN1H1320908	Make CHEVROLET	Year <b>2017</b>	Model COLORADO					
		Color GRY - GRAY	Body Style PK - PICKUP		NOT A BUS					
⊨	VEHICLE	Initial Contact Point 2RIGHT SIDE FRONT	Vehicle Damage	hicle Damage						
LIND		Extent Of Damage FUNCTIONAL DAMAGE	1RIGHT FRONT CORNER, 12FRONT, TOP							
		Towed Due To Damage  NOT TOWED	Vehicle Removed By OPERATOR							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
	щ	Driver Actions NO CONTRIBUTING ACTION								
LIND	VEHICLE									
_	NE VE									
		Driver Distractions NOT DISTRACTED								
5	9									
		Owner Name	Owner Address	Owner Address						
ΗN		Policy Holder								
5		Insurance Company  AMERICAN-FAMILY-INS-CO	Individual LINDA FULLER							
	- 1	Individual								
		Driver LINDA JO FULLER	Citations Issued		Sex					
	INDIVIDUAL	(608) 986-6304	<b>0</b> Date of Birth		FEMALE Race					
LNO		Address	Driver License Number		WHITE					
כ		30597 HAPPY HOLLOW RD CAZENOVIA, WI 53924 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		Equipment On Duty Crash	Safety Equipment	Safety Equipment						
		Seat Position	SHOULDER & LAP BELT	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
		Eye Protection	Tint Compliance	Tint Compliance						

Form DT4000

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Crash Date 10/30/2018

Crash Time 06:55 AM

i									
01	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								
		A :: 0:1							
		Action Other							
	L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us	se			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	g Test Given ST NOT GIVEN			Drug Test Type		Drug Test Results	
01	00	Drug Type							
Individual Condition									
APPEARED NORMAL									