

6TL09PBQ9H
18-12147

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 18-12147	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 11/01/2018		Crash Time 06:22 AM	Date Arrived	Time Arrived	
Date Notified 11/01/2018		Time Notified 06:22 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 RIVER ST/ STH136 WB 341 FT E OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.490371054	Longitude -89.922549808
	X Coordinate 263685.34375	Y Coordinate 4819422
	Structure Type	

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 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire 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 01	Vehicle	
		License Plate Number 803YUD	Plate Type AUT - AUTOMOBILE
		Vehicle Identification Number JN8AS5MT2EW624746	Make NISSAN
		Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE
		Initial Contact Point 12--FRONT	Vehicle Damage 12--FRONT
		Extent Of Damage FUNCTIONAL DAMAGE	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
		What Driver Was Doing	Vehicle Factors
		Driver Prior Action Other	
		Driver Actions NO CONTRIBUTING ACTION	
Driver Distractions NOT DISTRACTED			
Owner Name	Owner Address		
UNIT 01	VEHICLE 01	Policy Holder	
		Insurance Company LENTZ	Individual CORINNE BUSSER
		Individual	
UNIT 01	INDIVIDUAL 01	Driver CORINNE A BUSSER (608) 415-0160	Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
			Race WHITE
		Address 304 OAK ST PO BOX/156 ROCK SPRINGS, WI 53961 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
Seat Position			
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	

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01	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	001	Drug Type				
		Individual Condition APPEARED NORMAL				