6TL0B8M7TV

18-12178

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

						T					_
	Document Number Override	Primary Crash Documer	nt#	Agency Crash Number 18-12178 Date Arrived			Investigating Officer/Deputy DEPUTY B. MEARS				
<u> </u>	Crash Date 11/02/2018	Crash Time 06:20 AM				Time	Time Arrived				
17	Date Notified	Time Notified		Total Ur	nits		Total	Injured	Total Killed	d	
8	11/02/2018	06:23 AM		01			00		00	T	
-0B	On Emergency	lit and Run	ne Closu	sure Worl		·k Zone		Trailer or Towed		Reporting Threshold	
6TL0B8M7TV	Government Property	one	School Bus Related NO			Tags	Tags				
	Reportable	ED ANIMA	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.										
Ì	Location										
Ī	ON STH33 EB					Latitude Longitude			de		
	95 FT N					43.572500536				0709295	
	OF THIES RD					X Coordin	ate		Y Coord	inate	
	IN THE TOWN OF LA VALL	E				249619.125				4829065.5	
	IN SAUK COUNTY					Structure			10-000		
					Otractare	туре					
L											_
(Crash Scene										_
Ì	First Harmful Event					First Harm	nful Event Lo	cation			
	NON DOMESTICATED ANIM	MAL (ALIVE)				ON ROA	DWAY				
İ	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT									
İ	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
ŀ	Weather Condition(s)					-					
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPECIAL JURI		RISDICTION			
ŀ	Tribal Land					Access Control				Special Study	_
į.	Unit Summany										
	Unit Summary		LVobia	ala Opara	ting As C	locaification		Library Trans			
				Vehicle Operating As Cla			assilication		Unit Type AUTOMOBILE		
ļ	IN TRANSIT Vehicle Type			D CLASS				Operating As Endorsements			
0	PASSENGER CAR							Operating I	AS Endorser	nents	
							1 = = "		1 =	N4 + T	
	Total Occs	Train/Bus # Injured	∃a Total # Citatio					Total Trailers		Total HazMat Types	
	01	Discretizes Of Travel			0					T. 11	
	Insurance?				TIE CIASIIIIE		Speed Lim	iit	Total Lane	es	
⊨ ا	YES EASTBOUND			☐ Mark							
LNO	Most Harmful Event: Collision With			Special Function		TION		Emergency Motor Vehicle Use			_
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			HON		NOT APPLICABLE		
	Traffic Way			Traffic Control			Traffic Co		entrol Inoperative/Missing		
ľ	Surface Type			Road Curvature					Road Grade		

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	Truc NO	k Bus or HazMat							
		Vehicle							
UNIT 01		License Plate Number 479SDV	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
	5	Vehicle Identification Number 2G1WA5E32F1126163	Make CHEVROLET	Year 2015	Model IMPALA LIM				
		Color WHI - WHITE	Body Style 4D - 4DR		Bus Use NOT A BUS				
	VEHICLE	Initial Contact Point 10LEFT SIDE FRONT Extent Of Damage MINOR DAMAGE	Vehicle Damage 10LEFT SIDE FRONT						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	DPERATOR					
		What Driver Was Doing Driver Prior Action Other	Vehicle Factors						
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
10	10	Driver Distractions NOT DISTRACTED							
		Owner Name	Owner Address						
Ė	ı	Policy Holder							
L		Insurance Company AMERICAN-FAMILY-INS-CO	Individual DONNA LESTON						
	ı	Individual							
LINO	AL.	Driver DONNA MARIE LESTON (608) 547-9359	Citations Issued 0 Date of Birth		Sex FEMALE Race				
	INDIVIDUAL	Address	Driver License Number	Driver License Number					
		W7494 GRANZOW RD WONEWOC, WI 53968, US		STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment On Duty Crash Seat Position	Safety Equipment SHOULDER & LAP BE	Safety Equipment SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eve Protection	Tint Compliance						

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Crash Date 11/02/2018

Crash Time 06:20 AM

i									
01	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag				
		Ejected			Ejection Path		Trapped/Extricated		
		Medical Transport NOT TRANSPOR	TED		EMS Agency Ident	ifier	EMS Run #		
		Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School	
		Action	•	- 1		•			
_	NAL								
UNIT	INDIVIDUAL								
	Z								
		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	Orug Test Given FEST NOT GIVEN				Drug Test Results		
01	00	Drug Type							
Individual Condition									
APPEARED NORMAL									