6TL09KMLZ5

18-12354

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/06/2018

Crash Time 07:30 AM

	Document Number Override	Primary Crash Document #			Agency Crash Number 18-12354			Investigating Officer/Deputy DEPUTY S. FINNEGAN			
22	Crash Date 11/06/2018	Crash Time 07:30 AM			Date Arrived		Time	Arrived			
ETLO9KML	Date Notified 11/06/2018	Time Notified 07:31 AM	Time Notified		Total Units 01		Tota 00	Total Injured Total Kille 00 00		1	
160	On Emergency	lit and Run	t and Run Lane C		losure Wo		rk Zone		owed	Reporting Threshold	
6TL	Government Property	Active Sc	School I NO	School Bus Related NO		Tags	Tags				
	✓ Reportable	TICATED A	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.										
	Location ——										
ŀ	ON STH23 EB					Latitude Longitude					
	0.27 MI S					43.22475	58193		-90.071284653		
	OF ROLLING RIDGE RD					X Coordin	ate		Y Coordinate		
	IN THE TOWN OF SPRING	GREEN								4790355	
	IN SAUK COUNTY										
						Structure Type NO STRUCTURE					
	Crash Scene										
ī	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED ANIM	MAI (ALIVE)				ON ROA		oation			
ŀ	Manner of Collision	TAL (ALIVE)									
	NO COLLISION W/VEHICLE	IN TO ANGOOD	т			Light Condition					
-	Road Surface Condition(s)	IN TRANSFOR	!			Roadway	Footor(a)				
	Environment Factor(s)						(-,				
-	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land					Access Control Special Study					
į	Unit Summary ————————————————————————————————————										
					Vehicle Operating As Classification			Unit Type			
	IN TRANSIT			D CLASS				AUTOMOBILE			
_ !	Vehicle Type					Operating As Endorsements					
0	PASSENGER CAR										
ŀ	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Trail		ers Total Haz		Mat Types	
	1			0		0		0			
Ì	Insurance?	Direction Of Trave		Pre CrashTir		e Speed Li		mit Total Land		es	
LIND	YES NORTHBOUND			Consider Francis			I Empress of Motor Vehicle U.S.		Sala I I a		
5	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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	Truc NO	k Bus or HazMat							
		Vehicle							
_	_	License Plate Number 259FFW Vehicle Identification Number	Plate Type AUT - AUTOMOBILE Make	St WI Year	Country of Issuance UNITED STATES Model				
UNIT 01	5	Color	CHEVROLET Body Style	2012	EQUINOX Bus Use				
	VEHICLE	WHI - WHITE Initial Contact Point 12FRONT Extent Of Damage DISABLING DAMAGE Towed Due To Damage	Vehicle Damage 10LEFT SIDE FRONT, 1 UNDERCARRIAGE Vehicle Removed By	10LEFT SIDE FRONT, 11LEFT FRONT CORNER, 12FRONT, UNDERCARRIAGE					
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing Driver Prior Action Other GEORGES AUTO BODY Vehicle Factors							
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
10	10	Driver Distractions NOT DISTRACTED							
		Owner Name	Owner Address						
LNO		Policy Holder Insurance Company BADGER-MUTUAL-INS-CO	Individual NOELLE GRIMM						
	ı	Individual							
	NAL	Driver NOELLE DENISE GRIMM (608) 206-2056	Citations Issued 0 Date of Birth		Sex FEMALE Race				
LIND	INDIVIDUAL	Address 103 SHARON ST APT 4 ARENA, WI 53503 , US	Driver License Number STATE: WISCONSIN C	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment On Duty Crash Seat Position		Safety Equipment SHOULDER & LAP BELT					
		Helmet Use Eve Protection	Helmet Compliance Tint Compliance						
		FAC LINGCRINI	uni Combilance						

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10	001	Injury	Injury Severity NO APPARENT I	NJURY	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								
T	INDIVIDUAL									
UNIT	DIVIE									
	Z									
		Action Other								
	E	Orug & Alcohol	ug & Alcohol Suspected Alcohol Use			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			
0	001	Drug Type								
		Individual Condition APPEARED NORMAL								
		AI I-EARED NOR	WAL							

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