6TL09XQXZG

18-12608

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash	Primary Crash Document #		Agency Crash Number 18-12608			Investigating Officer/Deputy DEPUTY I. GALVAN			
XZG	Crash Date 11/11/2018	Crash Time 06:00 PM			Date Arrived		Time	Time Arrived			
\mathbf{V}	Date Notified Time Notified			Total Lir	nito		Total	Injured	Total Killed	1	
ĝ	11/11/2018	06:02 PM			Total Units 01		00		00		
(60	On Emergency	lit and Run	t and Run Lane C		osure Work		e Traile		owed	Reporting Threshold	
6TL09XQ	Government Property	chool Zone	School I			Tags	gs				
	Crash Type NON-DOMESTICATED ANIMA				IIMAL 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 STH23 EB					1				1	
						Latitude			Longitud		
	0.34 MI W					43.386045766		-90.049		9490293	
	OF HIGHLAND RD					X Coordin	ate		Y Coordinate		
	IN THE TOWN OF WESTFIE	ELD				252996.1	109375	4808203.5		3.5	
	IN SAUK COUNTY								4000203.3		
						Structure 7	Туре				
(Crash Scene										
	First Harmful Event					First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANII	MAI (ALIVE)				ON ROA	DWAY				
		WAL (ALIVE)									
	Manner of Collision NO COLLISION W/VEHICLE	E IN TRANSPOR	RT			Light Condition					
	Road Surface Condition(s)					Poadway	Factor(s)				
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	(0)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTI			ON			
	Tribal Land					Access Control				Special Study	
										Special Study	
	Unit Summary -										
	Unit Status Vehicle O				e Operating As Classification			Unit Type			
	IN TRANSIT			D CLASS			AUTOMOBILE				
	Vehicle Type							Operating As Endorsements		ments	
01	PASSENGER CAR										
				I =		J Total Trail.		lers Total HazMat Types		Mat Types	
	otal Occs Train/Bus # Injured		Total # Citations Issued 0		0		ers I otal Hazi		wat Types		
	1 Insurance? Direction Of Travel								es		
_	YES	EASTBOUND		Pre CrashTire Mark		, 0,000 =		7500. 20.150			
UNIT	Most Harmful Event: Collision With			Special Funct				Emergency Motor Vehicle Use		icle Use	
D	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIA		TION		NOT APPLICABLE			
	Traffic Way							Traffic Control Inoperative/Missing			
	Traine vvay			Traffic Control				Traine Control moperative/ivissing			
	Surface Type			Road Curvature				Road Grade			

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	Truc NO	k Bus or HazMat							
		Vehicle							
UNIT 01		License Plate Number Z800551	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES				
	5	Vehicle Identification Number 1J4GL38K44W271167	Make JEEP	Year 2004	Model UNKNOWN				
		Color BGE - BEIGE	Body Style 4D - 4DR		Bus Use NOT A BUS				
	VEHICLE	Initial Contact Point 12FRONT Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage 1RIGHT FRONT CORN	ehicle Damage -RIGHT FRONT CORNER, 12FRONT					
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	WNER					
		What Driver Was Doing Vehicle Factors Driver Prior Action Other							
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
	VEH	Driver Distractions							
2	10	NOT DISTRACTED							
		Owner Name	Owner Address						
_	1	Policy Holder							
LNO		Insurance Company USAA-CASUALTY-INS-CO	Individual BRIANNA EVANS						
		Individual							
LIND	4	Driver BRIANNA D EVANS (630) 881-9445	Citations Issued 0		Sex FEMALE Race				
	INDIVIDUAL	Address	Date of Birth Driver License Number	WHITE					
		1942 HIDDEN BAY CT NAPERVILLE, IL 60565, US		STATE: ILLINOIS 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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i										
10	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag					
		Ejected			Ejection Path		Trapped/Extricated			
		Medical Transport NOT TRANSPOR	TED		EMS Agency Ident	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									
	Z									
		A :: 0:1								
		Action Other								
	L	Drug & Alcohol 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	00	Drug Type								
		Individual Condition								
	APPEARED NORMAL									