# 6TL0BC3B2D

18-12643

## WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

	Document Number Override Primary Crash Document #			Agency Crash Number 18-12643				DEPUTY W. VERTEIN			
Δ	Crash Date	Crash Time		Date Arrived		Time	Time Arrived				
32	11/12/2018 05:02 PM										
6TL0BC3B2D	Date NotifiedTime Notified11/12/201805:05 PM			Total U <b>01</b>	Inits		Tota <b>00</b>	I Injured	Total Killed 00		
	On Emergency	t and Run		osure 🗌 Work Zon				Trailer or To		Reporting Threshold	
	Government Property	hool Zone	School Bus Related NO			Tag	Tags				
	Reportable		ANIMAL W/ NO INJURY						Secondary Crash		
	✔ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location								-		
	ON CTHDL EB 902 FT E					Latitude Longitude 43.430904129 -89.706674					
	OF PRIVATE INTERIOR RD					X Coordinate			Y Coordinate		
	IN THE TOWN OF GREENFIE IN SAUK COUNTY	LD				280926.71875				4812226.5	
					Structure Type NO STRUCTURE						
(	Crash Scene										
-	First Harmful Event	First Harmful Event					First Harmful Event Location				
	NON DOMESTICATED ANIMAL (ALIVE)			ON ROADWAY				.Y			
	Manner of Collision NO COLLISION W/VEHICLE		т			Light Condition					
	Road Surface Condition(s)					Roadway	Factor(s)				
						,					
	Environment Factor(s)										
	(-)										
	Weather Condition(s)					-					
	veather Condition(s)										
	A size of True -										
	Animal Type DEER					Relation To Trafficway TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
	Tribal Land					Access Control Special Study					
	Unit Summary										
	Unit Status Vehicle Operating As C										
	IN TRANSIT D CLASS										
01	Vehicle Type (SPORT) UTILITY VEHICLE					Operating As Endorsements					
	· · · ·			Total # Citations Issued		Total Trai	tal Trailers Tot		otal HazMat Types		
	1		0				0			0	
L_		Direction Of Trave		Pre CrashTire Sp Mark		Speed Lir	d Limit Total Lanes		nes		
UNIT	Most Harmful Event: Collision With			Special Function		1			Motor Vehicle Use		
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			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									
	Vehicle									
UNIT 01		License Plate Number ADN8339	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
	VEHICLE 01	Vehicle Identification Number 2FMTK4J80FBC26030	Make FORD	Year 2015	Model EDGE					
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEI	HICLE	Bus Use NOT A BUS					
		Initial Contact Point 1RIGHT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	1RIGHT FRONT CORNI	RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 12FRONT						
		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								
UNIT	VEHICLE									
5	H									
	>									
		Driver Distractions								
		NOT DISTRACTED								
0	01									
		Owner Name	Owner Address	Owner Address						
		Policy Holder								
INIT		Insurance Company	Organization/Company	 Drganization/Company						
		CINCINNATI-INS-CO,-THE	GRASSLAND DAIRY F	GRASSLAND DAIRY PRODUCTS INC						
	l	Individual								
		Driver ROSS ALLEN MARION	Citations Issued 0		Sex MALE					
	JAL	(715) 271-6053	Date of Birth		Race					
F	INDIVIDUAL				WHITE					
UNIT		Address E13526 GRACE ST	Driver License Number	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
		MERRIMAC, WI 53561 , US	STATE: WISCONSIN C							
		Con Duty Crash	Safety Equipment	Safety Equipment						
		Seat Position	SHOULDER & LAP BE	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
1		Eye Protection	Tint Compliance							

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2	001	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								
⊢	INDIVIDUAL									
UNIT	DIVID									
	Z									
		Action Other								
	Drug & Alcohol No			Suspected Drug Use NO						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
2	001	Drug Type								
APPEARED NORMAL										