### 6TL08F2KVG

18-12731

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/15/2018

Crash Time 06:15 AM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-12731			Investigating Officer/Deputy DEPUTY T. SUTHERLAND				
ŀ	0 10 1	0 1 7			Date Arrived		Time	Time Arrived			
G	Crash Date Crash Time			Date Ai	liveu	Time		ie Afrived			
>	11/15/2018	06:15 AM							1		
×	Date Notified Time Notified			Total Ur	nits		l l	Injured	Total Killed	d	
2	11/15/2018	06:18 AM		01		00			00		
6TL08F2KVG	On Emergency	t and Run Lane Cl		losure Wo		rk Zone		Trailer or 1	owed	Reporting Threshold	
≓	Government Active School Zon				School Bus Related		Tags	Tags			
9	☐ Property  ☐ Reportable	TICATED AN	NO 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.										
Ĭ	Location										
	INTERSECTION					Latitude Longitude					
	ON USH12 WB				43.4070047		0475	'5		-89.771929944	
	AT SKI HI ROAD					V Coordin	oto				
	IN THE TOWN OF SUMPTER	₹				X Coordinate 275556.53125				Y Coordinate <b>4809746</b>	
	IN SAUK COUNTY					Structure Type					
						NO STR	UCTURE				
	Crash Scene										
ī	First Harmful Event					First Harm	nful Event Lo	cation			
	NON DOMESTICATED ANIM	IAI (ALIVE)				ON ROA					
-	Manner of Collision										
	NO COLLISION W/VEHICLE	IN TRANSPORT	Т			Light Condition					
ŀ	Road Surface Condition(s)	III TRAITO OR				Roadway	Factor(s)				
	Road Surface Condition(s)					Noauway	i acioi(s)				
	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 Co				Special Study	
ļ	Jnit Summary										
ì	Unit Status Vehicle Operating As C				ating As C	Classification Unit Type					
					CLASS			AUTOMOBILE			
ŀ	Vehicle Type					Operating As Endorsements					
01	PASSENGER VAN							Operating	AS ENGUISE	ments	
_						n Total Trail		railers Total Hazl		Mot Typon	
	10tal Occs 11tall v Bus # Injured			Total # Citations Issued  0		0		0		iwat Types	
		D: (: 0/T		-		-	Total Lanes				
ᅵ		NORTHBOUND			Pre CrashTire Mark		Oposu Lili				
LINO	Most Harmful Event: Collision With Sp			Special Function			Emergency Motor Veh		/ Motor Veh	icle Use	
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION					NOT APPLICABLE		
ŀ	Traffic Way			Traffic Contro	I			Traffic Control Inoperative/Missing		tive/Missing	
									-,		
ŀ	Surface Type			Road Curvature			Ro		Road Grade		

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		ck Bus or HazMat							
	NO								
	,	Vehicle							
UNIT 01		License Plate Number 944EXR	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
	5	Vehicle Identification Number 2C4RDGCG8GR196928	Make DODGE	Year <b>2016</b>	Model GRAND CARA				
		Color BLU - BLUE	Body Style VN - VAN		Bus Use NOT A BUS				
	VEHICLE	Initial Contact Point 12FRONT Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage  12FRONT						
		Towed Due To Damage NOT TOWED	Vehicle Removed By	ehicle Removed By					
		What Driver Was Doing	Vehicle Factors	ehicle Factors					
		Driver Prior Action Other							
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
_	_	Driver Distractions NOT DISTRACTED							
9	2								
		Owner Name	Owner Address						
_	1	Policy Holder							
		Insurance Company 1ST-AUTO-&-CASUALTY-INS-CO	Individual MARY SPRECHER						
	ı	Individual							
	Ļ	Driver TRICIA E KRUEGER (920) 420-7273	Citations Issued  0		Sex FEMALE				
LIND	INDIVIDUAL		Date of Birth		Race WHITE				
		Address E8495 WITWEN RD SAUK CITY, WI 53583, US	Driver License Number STATE: WISCONSIN C	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					
		Eye Protection	Tint Compliance						

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					1						
10	001	Injury	Injury Severity NO APPARENT	INJURY	Airbag						
		Ejected			Ejection Path		Trapped/Extricated				
		Medical Transport			EMS Agency Identifier EMS Run #						
		NOT TRANSPOR	TED								
		Hospital			Date of Death	Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action	•	•		•					
	7										
_	INDIVIDUAL										
UNIT	₽										
<b></b>	$\geq$										
	닐										
	=										
		Action Other									
			Suspected Alcohol	Use	Suspected Drug U	se					
	E	Drug & Alcohol	NO		NO						
		Alcohol Test Given			Alcohol Test Type	Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN	I								
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN	ST NOT GIVEN				J.ug . cot . toculo				
_	Ξ	Drug Type									
10	001										
		Individual Condition									
	APPEARED NORMAL										