

6TL08WW13J  
18-12900

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL08WW13J

Document Number Override		Primary Crash Document #	Agency Crash Number <b>18-12900</b>	Investigating Officer/Deputy <b>CAPTAIN M. STODDARD</b>	
Crash Date <b>11/19/2018</b>		Crash Time <b>05:10 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>11/19/2018</b>		Time Notified <b>05:15 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

<b>ON CTHO NB 697 FT N OF STH60 WB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY</b>	Latitude <b>43.272907871</b>	Longitude <b>-89.789040577</b>
	X Coordinate <b>273673.0625</b>	Y Coordinate <b>4794899</b>
	Structure Type	

Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements				
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way		Traffic Control	Traffic Control Inoperative/Missing		
	Surface Type		Road Curvature	Road Grade		

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		Truck Bus or HazMat NO	
01	UNIT	<b>Vehicle</b>	
		License Plate Number 465VZR	Plate Type AUT - AUTOMOBILE
01	VEHICLE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2C4RC1BG6DR519421	Make CHRYSLER
01	VEHICLE	Year 2013	Model T & C
		Color TAN - TAN	Body Style VN - VAN
01	VEHICLE	Initial Contact Point 1--RIGHT FRONT CORNER	Bus Use NOT A BUS
		Extent Of Damage DISABLING DAMAGE	Vehicle Damage 1--RIGHT FRONT CORNER, 12--FRONT
01	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By OPERATOR
		What Driver Was Doing	Vehicle Factors
01	VEHICLE	Driver Prior Action Other	
		Driver Actions NO CONTRIBUTING ACTION	
01	VEHICLE	Driver Distractions NOT DISTRACTED	
		Owner Name	Owner Address
01	UNIT	<b>Policy Holder</b>	
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual JENNIFER WALLS
01	INDIVIDUAL	<b>Individual</b>	
		Driver JENNIFER JO WALLS (608) 963-9899	Citations Issued 0
01	INDIVIDUAL	Date of Birth [REDACTED]	Sex FEMALE
		Address E10227 CTH O PRAIRIE DU SAC, WI 53578 , US	Race WHITE
01	INDIVIDUAL	Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
		<b>Equipment</b>	On Duty Crash
01	INDIVIDUAL	Safety Equipment SHOULDER & LAP BELT	
		Seat Position	
01	INDIVIDUAL	Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance

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01	001					
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag		
		Ejected		Ejection Path	Trapped/Extricated	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results			
01	001	Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				