6TL096J8XQ 18-13110

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/25/2018

Crash Time 01:47 AM

| | Document Number Override | Primary Crash D | Primary Crash Document # | | Agency Crash Number 18-13110 | | | Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER | | | |
|--------------|---|---------------------|--------------------------|--------------------------|-------------------------------------|--------------------|---------------|--|-------------------------------------|---------------------|--|
| ŀ | | | | | Date Arrived | | | | | | |
| a | Crash Date Crash Time | | | Date Ar | rivea | Time | | Arrived | | | |
| \mathbf{z} | 11/25/2018 01:47 AM | | | | | | | | | | |
| 8 | Date Notified Time Notified | | | Total Ur | nits | | Total | Injured | Total Killed | d | |
| 3 | 11/25/2018 | 01:49 AM | | 01 | | | 00 | , | 00 | | |
| 9 | | 1 | | | I | | | | | 1 | |
| 6TL096J8XQ | On Emergency H | t and Run Lane CI | | losure Wo | | rk Zone | | Frailer or T | owed | Reporting Threshold | |
| | Government | | | School Bus Relat | | ed | Tags | | | | |
| <u>6</u> | Property | hool Zone | NO | | | | | | | | |
| | 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. | | | | | | | | | | |
| i | Location | | | | | | | | | | |
| Ī | ON CTHV WB | | | | | Latitude Longitude | | | | | |
| | 0.26 MI W | | | | | | 43.5779098 | | | | |
| | OF STRUTZ RD | | | | | | | | | -90.09713797 | |
| | IN THE TOWN OF LA VALLE | = | | | | X Coordin | | | Y Coordinate | | |
| | IN SAUK COUNTY | = | | | | 249929.9375 4829 | | | 482965 | 55.5 | |
| | | | | | | Structure Type | | | | | |
| | | | | | | | ** | | | | |
| Ĺ | | | | | | 1 | | | | | |
| | Crash Scene | | | | | | | | | | |
| Ī | First Harmful Event | | | | | First Harm | nful Event Lo | cation | | | |
| | NON DOMESTICATED ANIM | IAI (ALIVE) | | | | ON ROA | | | | | |
| | Manner of Collision | ., (2 (7 (2.1 (2) | | | | | | | | | |
| | | | _ | | | Light Condition | | | | | |
| | NO COLLISION W/VEHICLE | IN TRANSPOR | ı | | | | | | | | |
| | Road Surface Condition(s) | | | | | Roadway | Factor(s) | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| İ | Environment Factor(s) | | | | | 1 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Weather Condition(s) | | | | | 1 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ŀ | Animal Type | | | | Relation To Trafficway | | | | | | |
| | DEER | | | | TRAFFICWAY - ON ROAD | | | | | | |
| | | | | | Crash Classification - Jurisdiction | | | | | | |
| | Crash Classification - Location | | | | NO SPECIAL JURISDICTION | | | | | | |
| | PUBLIC PROPERTY | | | | | | | אטונטועפ | | | |
| | Tribal Land | | | | | Access Co | ontrol | | | Special Study | |
| | | | | | | | | | | | |
| i | Unit Summary | | | | | | | | | | |
| | Unit Status | | | Vahiala On | oting As O | loogification | | 11-24 | | | |
| | | | | | Vehicle Operating As Classification | | 1 | Unit Type | | | |
| | 1 | | | | CLASS | | | AUTOMOBILE | | | |
| _ | Vehicle Type | | | | Operating As Endorsements | | | | | | |
| 5 | PASSENGER CAR | | | | | | | | | | |
| ŀ | Total Occs Train/Bus # Injured | | | Total # Citations Issued | | Total Tra | | ilers Total Haz | | zMat Types | |
| | 2 | | | 0 | | 0 | | 0 | | | |
| | Insurance? Direction Of Travel | | | | - 11: | | | | 100 | | |
| | | · | | | - Fie Clasiffie | | Speed Lim | u Limit Total Lane | | ICO | |
| ╘ | YES WESTBOUND | | | ☐ Mark | | | | | | | |
| LINO | Most Harmful Event: Collision With | | | Special Function | | TION! | | Emergency Motor Vehicle Use | | | |
| ا ر | NON DOMESTICATED ANIMAL (ALIVE) | | | NO SPECIAL FUNCTION | | | ON NOT APPL | | PLICABLE | LICABLE | |
| ŀ | Traffic Way | | | Traffic Control | | | | | Traffic Control Inoperative/Missing | | |
| | Traine tray | | | amo ooniio | | | | Traine Control moperative/iviliaaring | | | |
| | Confess Torre | | | | | | | Dood Crade | | | |
| | Surface Type | | | Road Curvature | | | | Road Grade | | | |
| | | | | | | | | | | | |

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| | | ick Bus or HazMat | | | | | | | | | |
|------|------------|--|---|---|-----------------------------------|--|--|--|--|--|--|
| | NO | | | | | | | | | | |
| | ' | Vehicle | | | | | | | | | |
| 10 | | License Plate Number 525ZWW | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | | | | | | |
| | 5 | Vehicle Identification Number 1C3CCCBBXFN759842 | Make CHRYSLER | Year 2015 | Model 200 | | | | | | |
| | | Color BLU - BLUE | Body Style SD - SEDAN | · | NOT A BUS | | | | | | |
| LIND | VEHICLE | Initial Contact Point 5RIGHT REAR CORNER | Vehicle Damage 1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 3RIGHT SIDE MIDDLE, 4 RIGHT SIDE REAR, 5RIGHT REAR CORNER | | | | | | | | |
| 5 | VEH | Extent Of Damage MINOR DAMAGE Tayyor Day To Damage | | | | | | | | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By OWNER | OWNER | | | | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | | | | | |
| | | Driver Prior Action Other | | | | | | | | | |
| L | 쁘 | Driver Actions NO CONTRIBUTING ACTION | | | | | | | | | |
| LNO | VEHICLE | | | | | | | | | | |
| | > | | | | | | | | | | |
| | | Driver Distractions NOT DISTRACTED | | | | | | | | | |
| 7 | 7 | | | | | | | | | | |
| 0 | 0 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Owner Name | Owner Address | Owner Address | | | | | | | |
| | | | | | | | | | | | |
| _ | ı | Policy Holder | | | | | | | | | |
| LNO | | Insurance Company PROGRESSIVE-CASUALTY-INS-CO | Individual TARA MACASKILL | | | | | | | | |
| | ı | Individual | | | | | | | | | |
| | | Driver | Citations Issued | | Sex | | | | | | |
| | ₽ | TARA L MACASKILL | O Date of Birth | | FEMALE Race | | | | | | |
| LIND | INDIVIDUAL | Address | Driver License Number | | WHITE | | | | | | |
| | IND | 139 E MAIN ST CAZENOVIA, WI 53924 , US | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | | Equipment On Duty Crash | Safety Equipment | Safety Equipment | | | | | | | |
| | | Seat Position | SHOULDER & LAP BELT | | | | | | | | |
| | | Helmet Use | Helmet Compliance | Helmet Compliance | | | | | | | |
| | | Eye Protection | Tint Compliance | Tint Compliance | | | | | | | |

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Crash Date 11/25/2018

Crash Time 01:47 AM

| 01 | 00 | 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 | | Time of Death | | | |
| | | Non Motorist | Striking Unit # | Prior Action | 1 | Location | | To/From School | | |
| | | Action | | | | | | | | |
| | | | | | | | | | | |
| | INDIVIDUAL | | | | | | | | | |
| UNIT | ום | | | | | | | | | |
| 5 | <u> </u> | | | | | | | | | |
| | N | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | | | |
| | | Action Other | | | | | | | | |
| | | Suspected Alcohol Use | | | Suspected Drug Use | | | | | |
| | E | Orug & Alcohol | NO | | NO | | | | | |
| | | Alcohol Test Given | | | Alcohol Test Type | | Alcohol Test Results | | | |
| | | TEST NOT GIVEN | | | Davis Took Time | | | | | |
| | | Drug Test Given TEST NOT GIVEN | | | Drug Test Type | | Drug Test Results | | | |
| 10 | 001 | Drug Type | | | • | | • | | | |
|) | 0 | | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| APPEARED NORMAL | | | | | | | | | | |
| | | | | | | | | | | |