6TL0B4X4JX

Document Number Override

18-13310

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

Agency Crash Number

Primary Crash Document #

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

Investigating Officer/Deputy

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		18-13310		310	DEP		PUTY E. KNULL			
$\mathbf{\mathbf{x}}$	Crash Date	Crash Time	Date Ar	Date Arrived		Time Arrived		e Arrived		
5	11/30/2018	06:59 AM								
4	Date Notified	Time Notified	Total U	nits		Total	Injured	Total Killed	ł	
4	11/30/2018	06:59 AM	01			00		00		
6TL0B4X4JX	On Emergency	Closure	Closure Work Zone			Trailer or Towed		Reporting Threshold		
6TI	Government Property Active School Zone School Bus NO				ted Tags					
	Crash Type NON-DOMESTICATED ANIMAL W/						Amended		Secondary Crash	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
ĺ	Location									
-	ON STH113 SB				Latitude			Longitud	le	
	1304 FT S				43.40027	5437		-89.675164197		
	OF CTHDL SB IN THE TOWN OF MERRIMAG IN SAUK COUNTY	C			X Coordinate 283368				Y Coordinate 4808742.5	
	IN SAUK COUNTY				Structure Type NO STRUCTURE					
(Crash Scene									
]	First Harmful Event				First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA	DWAY				
	Manner of Collision				Light Conc	lition				
	NO COLLISION W/VEHICLE I	IN TRANSPORT								
	Road Surface Condition(s)				Roadway I	Factor(s)				
	Environment Factor(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 Control				Special Study	
1	Unit Summary								 	
	Unit Status		Vehicle Oper	ating As C	lassification		Unit Type			
	IN TRANSIT D CLASS			AUTOMOE			BILE	BILE		
	Vehicle Type				Operating As Endorsements					
01	(SPORT) UTILITY VEHICLE						1 0			
	Total Occs Train/Bus # Injured Total # Citations Issu			ons Issued	d Total Trail		ers	5 Total HazMat Types		
	2		0		0		0			
	Insurance?	Direction Of Travel	Pre CrashTire			Speed Limit		Total Lan	Total Lanes	
⊢	YES	SOUTHBOUND Mark			~					
UNIT	Most Harmful Event: Collision With Special Function							Emergency Motor Vehicle Use		
ر	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								
<u> </u>	NO								
			Dista Tura	<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	Country of Incurrence				
		License Plate Number 149GLD	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
2	6	Vehicle Identification Number JTMBD33VX85167566	Make TOYOTA	Year 2008	Model RAV4				
UNIT		Color GRN - GREEN	Body Style UT - SPORT UTILITY VE	HICLE	Bus Use NOT A BUS				
	CLE	Initial Contact Point 12FRONT	Vehicle Damage	Damage					
	VEHICL	Extent Of Damage DISABLING DAMAGE		ILEFT FRONT CORNER, 12FRONT					
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	CRAIGS TOWING					
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
	щ	Driver Actions NO CONTRIBUTING ACTION							
UNIT	VEHICLE								
	ž								
		Driver Distractions NOT DISTRACTED							
_									
6 6									
		Owner Name	Owner Address	Owner Address					
F	I	Policy Holder							
UNIT		Insurance Company USAA-GENERAL-INDEMNITY-CO	Individual SUMNER DAVIDSON						
	l	Individual							
	Ļ	Driver SUMNER E DAVIDSON III (608) 669-0755	Citations Issued 0		Sex MALE				
F	INDIVIDUAL	(000) 003-07-35	Date of Birth		Race WHITE				
UNIT		Address S4006 BREEZY HILL RD DADADDOD WI 50040		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		BARABOO, WI 53913 ,US	STATE. WISCONSIN C						
		Con Duty Crash	Safety Equipment SHOULDER & LAP BE	Safety Equipment					
		Seat Position							
		Helmet Use	Helmet Compliance						
•		Eve Protection	Tint Compliance						

Eye Protection

Tint Compliance

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1									
0	001	lesie en e	Injury Severity		Airbag				
0	8	Injury	NO APPARENT	INJURY					
		Ejected			Ejection Path		Trapped/Extricated		
		Medical Transport NOT TRANSPOR	TED		EMS Agency Identifier		EMS Run #		
		Hospital	IED		Data of Death		Time of Death		
		поѕрна			Date of Death				
		Non Motorist	Striking Unit #	Prior Action	Location			To/From School	
		Action							
	INDIVIDUAL								
UNIT	ğ								
5	Σ								
	Ð								
	=								
		Action Other							
	Ľ	Drug & Alcohol	Suspected Alcohol NO	Jse	Suspected Drug Us	se			
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results		
		TEST NOT GIVEN	N						
Drug Test Given		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results		
			N						
2	001	Drug Type					·		
0	0								
		Individual Condition							
		APPEARED NORMAL							