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18-13528

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>18-13528</b>		Investigating Officer/Deputy <b>DETECTIVE D. BULIN</b>	
Crash Date <b>12/04/2018</b>		Crash Time <b>05:40 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>12/04/2018</b>		Time Notified <b>05:53 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 STH78 SB 612 FT S OF LONGWOOD DR IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY</b>	Latitude <b>43.31599413</b>	Longitude <b>-89.734545866</b>
	X Coordinate <b>278252.1875</b>	Y Coordinate <b>4799538</b>
	Structure Type <b>NO STRUCTURE</b>	

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	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</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>SOUTHBOUND</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 <b>NO</b>	
UNIT 01	VEHICLE 01	<b>Vehicle</b>	
		License Plate Number <b>345HBU</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>JTDKTUD35ED576355</b>	Make <b>TOYOTA</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Year <b>2019</b>
		Initial Contact Point <b>11--LEFT FRONT CORNER</b>	Country of Issuance <b>UNITED STATES</b>
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	Model <b>YARIS</b>
		Towed Due To Damage <b>NOT TOWED</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>
		What Driver Was Doing	Bus Use <b>NOT A BUS</b>
		Driver Prior Action Other	Vehicle Damage <b>11--LEFT FRONT CORNER, 12--FRONT</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Removed By <b>OWNER</b>
Driver Distractions <b>UNKNOWN IF DISTRACTED</b>	Vehicle Factors		
Owner Name	Owner Address		
UNIT 01	INDIVIDUAL 01	<b>Policy Holder</b>	
		Insurance Company <b>ALLSTATE-INS-CO</b>	Individual <b>MAGGIE SCHWENN</b>
		Driver <b>MAGGIE M SCHWENN</b>	Citations Issued <b>0</b>
		Sex <b>FEMALE</b>	Date of Birth
Address <b>41 BISHOPS HILL CIR MADISON, WI 53717 0000, US</b>	Race <b>WHITE</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Seat Position	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>					