18-13663

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [	Document #	Agency <b>18-136</b>	Crash Number	Investigating DEPUTY \$			
<b>7</b> 7	Crash Date 12/09/2018	Crash Time 06:30 AM Time Notified 06:31 AM		<b>12/09/2018</b> Total Units		Time Arrived	Time Arrived		
61L09KML,	Date Notified 12/09/2018						Total Injured Total Killed		
091	On Emergency Hit	and Run	Lane Closi	ure	Work Zone	Trailer	or Towe	d Reporting Threshold	
) I L	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
2	Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amend	ded	Secondary Crash	
ĺ	Description Diagram						Reconstru		
	UNIT 1	- <del>à</del>	STEER UNIT 1		UNIT 1	5	Additiona NONE	y al Information	
		USH 14		NO	T DRAWN TO SCALE				
	<b>↓</b> I, a sworn law enforceme	nt officer. agre	ee that I have no	ot added	any CJIS data in this	s report.			
	UNIT 1 WAS E/B ON USH 14 WHI						R IN FRON	NT OF HER DID A UTURN. SHE	
	STATED SHE SLOWED DOWN A WENT BACK INTO THE DITCH LI NUMBER IS 608-516-3729. ADDR	ND ANOTHER C NE AREA. THE	OW CAME OFF TH STEER BELONGS	HE SOUTI TO PREI	H SIDE AND RAN IN FRO M MEATS ON USH 14 IN	ONT OF HER. S	SHE STATE	ED SHE HIT THE COW AND IT	

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L	ocation												
_	N USH14 EB			Latit	ude		Longitud						
	62 FT E	TUOS ED	43.1	43.189611365			-90.072128413						
_	F PRAIRIE VIEW RD/ S NTHE TOWN OF SPRIN	-		X Coordinate			inate						
	SAUK COUNTY	O OKLER		250359.5 4786454			54						
				Stru	cture Type								
Cı	rash Scene												
F	rst Harmful Event			First	Harmful Event L	ocation							
D	OMESTICATED ANIMA	L - ALIVE		ON	ROADWAY								
M	anner of Collision			Ligh	t Condition								
N	O COLLISION W/VEHIC	CLE IN TRANSPORT		DAI	RK/LIGHTED								
R	oad Surface Condition(s)			Roa	dway Factor(s)								
D	RY												
Е	nvironment Factor(s)												
N	ONE			NOI	NE								
W	/eather Condition(s)												
	LEAR												
Α	nimal Type			Rela	ation To Trafficwa	av							
'	<b>71</b> -				AFFICWAY - C	•							
С	rash Classification - Location	n		Cras	h Classification -	Jurisdiction							
	UBLIC PROPERTY				SPECIAL JUF	RISDICTION							
T	ribal Land				ss Control Special CONTROL		Special Study						
W	/ithin Interchange Area	Junction Location		Intersection Typ									
N	0	NON-JUNCTION		NOT AN INTE	RSECTION								
U	nit Summary =												
U	nit Status			erating As Classifi	cation	Unit Type							
	TRANSIT	TRANSIT D CLASS					AUTOMOBILE						
	ehicle Type	. =				Operating As Endorsements							
_`	SPORT) UTILITY VEHIC otal Occs	Train/Bus # Injured	Total # Cita	tions Issued	Total Tra	ilers	Total Haz	Mat Types					
1		Train/Dus # injured	0	lions issued	0	11013	0	wat Types					
	surance?	Direction Of Travel		CrashTire	Speed Li			es					
	ES	EASTBOUND		Mark	45	2							
M	ost Harmful Event: Collision	With	Special Fun			Emergency							
	OMESTICATED ANIMA	L - ALIVE		NO SPECIAL FUNCTION			NOT APPLICABLE						
	raffic Way		Traffic Cont			Traffic Control Inoperative/Missing							
	WO-WAY, NOT DIVIDED Urface Type	,	NO CONT		NO Road Grade								
	unace Type LACKTOP (BITUMINOL	JS)	Road Curva STRAIGH		LEVEL								
	ruck Bus or HazMat	,	Julia	-									
	O												
	Vehicle												
	License Plate Number		Plate Type AUT - AUTOMOBILE		Country of Issuance								
	103ZAZ				WI Year	UNITED STATES							
5	Vehicle Identification Nu				Model ACADIA								
-	Color		GENERAL MOTORS COR 2017  Body Style			Bus Use							
			UT - SPORT UTILITY VEHICLE NOT A BUS										
			UT - SPO	RT UTILITY VE	EHICLE	NOI A BU	•		THE TENIOLE				
Ц	WHI - WHITE		Vehicle Da		EHICLE	NOT A BU							
<u>-</u>	WHI - WHITE	ORNER			EHICLE	NOT A BO							
	WHI - WHITE	ORNER	Vehicle Da			<u> </u>		RONT					

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				Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions									
		Driver Actions NO CONTRIBUTION	NG ACTION								
_	LE	INO CONTRIBOTII	NO ACTION								
LIND	VEHICL										
5	ᇤ										
	>										
		Driver Distractions NOT DISTRACTED									
5	01										
	)										
		0 1		-	0						
		Owner Name CRYSTAL H CENTENO			Owner Address 407 N MCKINLEY AVE						
		(608) 627-2717			VIOLA, WI 54664 , US						
		,									
		0									
		Sequence Of E	vents								
	01	DOMESTICATED	ANIMAL - ALIVE								
	7	Event Event									
	02										
	03	Event									
		Front									
	04										
-	Ì	Policy Holder									
L N		Insurance Company			dividual						
ا ر		BADGER-MUTUAL-INS-CO			RYSTAL CENTENO						
	ı	Individual									
		Driver CRYSTAL H CENTENO (608) 627-2717			itations Issued	Sex					
	Ļ			0		FEMALE					
	UA			Da	ate of Birth	Race WHITE					
╘						WHILE					
	INDIVIDUA	Address 407 N MCKINLEY AVE VIOLA, WI 54664 , US		Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES							
	Ä										
		Equipment	On Duty Crash	Sa	afety Equipment						
					HOLLI DED 8 LAD DEL T						
		Seat Position		3	SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use		116	Helmat Compliance						
		Heilier Oze		П	Helmet Compliance						
		Eye Protection		Ti	Tint Compliance						
				'"							
_	7	Injury Severity			rbag						
2	00	Injury NO APPARENT INJURY			NON DEPLOYED						
		Ejected		1 -	Ejection Path Trapped/Extricated						
		NOT EJECTED		N	OT EJECTED/NOT APPLICABL	NOT TRAPPED					

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Crash Date 12/09/2018

Crash Time 06:30 AM

		Medical Transport	cal Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED									
		Hospital			Date of Death		Time of Death				
			Local Line	To: A ii		Tr. a		T			
	Non Motorist Striking Unit # Prior Action				Location		To/From School				
		Action									
	ب										
_	INDIVIDUAL										
UNIT	<u> </u>										
_											
	=										
		Action Other									
		Drug & Alcohol	Suspected Alcohol	Use	Suspected Drug Us	se					
		Alcohol Test Given	110		Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN	1		Alcohol Test Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	I		Drug Test Type		Drug Test Results				
01	001	Drug Type					- 1				
	0										
		Individual Condition									
		APPEARED NOR	APPEARED NORMAL								