6TL09426S0

18-13845

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/13/2018

Crash Time 04:49 PM

ſ	Document Number Override	e Primary Crash [Primary Crash Document # Age		Agency Crash Number Inve		Inves	estigating Officer/Deputy			
				18-13845				PUTY A. KULAS			
20	Crash Date 12/13/2018	Crash Time 04:49 PM		Date Arrived			Time	Time Arrived			
9	Date Notified	Time Notified		Total U	nits			Injured	Total Killed	1	
42	12/13/2018	04:51 PM	<u> </u>	01	1	00			00	1	
L09426S0	On Emergency	Hit and Run	t and Run Lane Closu		sure Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Active School 2			School Bus Related T			Tags	-ags			
	Reportable	TICATED ANIN	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.										
Ī	_ocation 										
	ON CTHDL WB					Latitude			Longitude		
	1036 FT W OF DEVILS DELIGHT R	RD				43.40484				783555	
	IN THE TOWN OF MER									Y Coordinate 4809203	
	IN SAUK COUNTY					Structure Type			400200		
						NO STRU					
(Crash Scene					I.					
1	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED	ANIMAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	NO COLLISION W/VEH	IICLE IN TRANSPOR	Т								
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
•	Weather Condition(s)										
	.,										
	Animal Type					Deletion To Trofficus					
	DEER				Relation To Trafficway TRAFFICWAY - ON ROAD						
-	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land					Access Control				Special Study	
L											
	Jnit Summary ■										
				Vehicle Operating As Classification D CLASS			Unit Type AUTOMOBILE				
	IN TRANSIT D CLASS Vehicle Type							Operating As Endorsements			
01	(SPORT) UTILITY VEHICLE							oporating,	to Endoroor	nonto	
•	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Traile		lers Total HazMat Types		Mat Types	
	2		0	0			0		0		
	Insurance?	Direction Of Trave		Pre CrashTire			Speed Lim		Total Land	es	
LINO	YES WESTBOUND Most Harmful Event: Collision With			Mark Special Function				Emergency Motor Vehicle Use		ido I leo	
5	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			NOT APPLICABLE				
ŀ	Traffic Way			Traffic Control			Traffic Control Ino		trol Inoperat	tive/Missing	
	Surface Type			Road Curvature				Road Grade			
							1				

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		ck Bus or HazMat							
	NO								
	,	Vehicle							
LINU 01		License Plate Number 954BVY	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
	5	Vehicle Identification Number 1FMCU9J92GUB12574	Make FORD	Year 2016	Model ESCAPE				
		Color RED - RED	Body Style UT - SPORT UTILITY VEH	HICLE	Bus Use NOT A BUS				
	VEHICLE	Initial Contact Point 11LEFT FRONT CORNER Extent Of Damage DISABLING DAMAGE	Vehicle Damage 10LEFT SIDE FRONT, 1	Vehicle Damage 10LEFT SIDE FRONT, 11LEFT FRONT CORNER					
	>	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BLYSTONES TOWING						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
		Driver Distractions NOT DISTRACTED							
01	01								
		Owner Name	Owner Address	Owner Address					
_		Policy Holder							
LNO		Insurance Company AMERICAN-FAMILY-INS-CO	Individual LINDA FANTA						
	1	Individual Individual							
	ب	Driver LINDA SUE FANTA (608) 577-0990	Citations Issued 0		Sex FEMALE				
LINO	INDIVIDUAL		Date of Birth		Race WHITE				
		Address 528 CLEMENS CT PORTAGE, WI 53901 , US	Driver License Number STATE: WISCONSIN C	STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment On Duty Crash Seat Position	Safety Equipment SHOULDER & LAP BE	Safety Equipment SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance						

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i										
10	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag					
		Ejected			Ejection Path		Trapped/Extricated			
		Medical Transport NOT TRANSPOR	TED		EMS Agency Identifier		EMS Run #			
	Hospital					Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action	•	- 1		•				
_	NAL									
UNIT	INDIVIDUAL									
	Z									
		A :: 0:1								
		Action Other								
	L	Drug & Alcohol Suspected Alcohol Use NO			Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
01	00	Drug Type								
		Individual Condition								
APPEARED NORMAL										