6TL09CGFBF

18-13928

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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 Crash Number 18-13928				DEPUTY K. MUELLER			
ш	Crash Date	Crash Time		Date Arrived		Time	Time Arrived				
FB	12/15/2018	04:50 PM									
CGF	Date Notified 12/15/2018	Time Notified 04:51 PM	ime Notified 04:51 PM		Total Units 01		Tota 00	I Injured Total Killed 00		1	
00	On Emergency	it and Run		osure Work Zone			Trailer or Towed		Reporting Threshold		
6TL	Government Property	chool Zone	School Bus Related			Tags	Tags				
	✓ Reportable	STICATED ANIN	ANIMAL W/ NO INJURY						Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
l	Location										
	ON STH23 WB 549 FT N					Latitude Longitude 43.48531326 -90.013882461					
	OF STH154 NB					X Coordinate			Y Coordinate		
	IN THE TOWN OF REEDSB IN SAUK COUNTY	URG				256279.546875 4819123.5			3.5		
						Structure Type					
(Crash Scene										
	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED ANI	/IAL (ALIVE)				ON ROADWAY					
	Manner of Collision		-			Light Condition					
	NO COLLISION W/VEHICLE Road Surface Condition(s)	IN TRANSPOR	AT			Roadway Factor(s)					
	Road Sunace Condition(s)										
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location PUBLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
	Tribal Land				Access Control Special Study						
i	Unit Summary										
	Unit Status Vehicle Operating As C				lassification		Unit Type				
	IN TRANSIT D CLASS				LASS			AUTOMOBILE			
0	Vehicle Type (SPORT) UTILITY VEHICLE						Operating	As Endorser	nents		
•	Total Occs	Train/Bus # Injured Total # Citations Iss			nns Issued	Total Trailers Total HazMat Types					
	1		0				0		0	inat Typoo	
	Insurance?	Direction Of Trave	el	Pre CrashTire				Total Lan	Total Lanes		
F	YES	SOUTHBOUND		Mark							
UNIT	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCTION			Emergency Motor V NOT APPLICABL				
_	NON DOMECTICATED ANIMAE (ALIVE)			Traffic Control			Traffic Control Inoperative/Missing				
	Tuno Tuy			Tranic Control							
	Surface Type			Road Curvature				Road Grade			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		x Bus or HazMat							
	NO								
	1	Vehicle							
		License Plate Number	Plate Type	St	Country of Issuance				
IIT 01		579ZXK	AUT - AUTOMOBILE Make	WI Year	UNITED STATES				
	2	Vehicle Identification Number 2CNALDEW8A6282716	CHEVROLET	2010	Model EQUINOX LT				
	•	Color	Body Style	2010	Bus Use				
		RED - RED		JT - SPORT UTILITY VEHICLE					
	щ	Initial Contact Point	Vehicle Damage						
	<u>C</u>	11LEFT FRONT CORNER		10LEFT SIDE FRONT, 11LEFT FRONT CORNER, 12FRONT					
UNIT	VEHICLE	Extent Of Damage	10LEFT SIDE FRONT, 1						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE							
		What Driver Was Doing	Vehicle Factors						
		What Driver was Doing							
		Driver Prior Action Other	_						
		Driver Actions							
Ι.	Щ	NO CONTRIBUTING ACTION							
UNIT	VEHICLE								
5	H								
	>								
		Driver Distractions							
		UNKNOWN IF DISTRACTED							
-	~								
2	9								
		Owner Name	Owner Address						
⊢	l l	Policy Holder							
UNIT		Insurance Company	Individual						
		ERIE-INSURANCE-EXCHANGE	KIELY PHYLLIS						
	l	Individual							
			Citations Issued		Sex				
	Ļ	DEBRA L KIELY (608) 604-0511	0		FEMALE				
	Ŋ		Date of Birth		Race WHITE				
UNIT	Ę	Address	Driver License Number						
5	INDIVIDUAL	25031 PLEASANT VALLEY DR	Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES					
		RICHLAND CENTER, WI 53581 , US	STATE: WISCONSIN C						
				Safety Equipment					
		On Duty Crash	Safety Equipment						
		Equipment							
		Equipment On Duty Crash Seat Position Seat Position	Shoulder & LAP BE	LT					
		Seat Position	SHOULDER & LAP BE	LT					
		Equipment		LT					
		Seat Position	SHOULDER & LAP BE	LT					

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2	001	Injury	Injury Severity	INJURY	Airbag				
		Ejected	NO ATTAILENT		Ejection Path		Trapped/Extricated		
1		Medical Transport			EMS Agency Ident	ifier	EMS Run #		
		NOT TRANSPOR	TED		Date of Death		Time of Death		
		Hospital			Date of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School	
		Action							
	IAI								
UNIT	ē								
	Z								
		Action Other							
	Suspected Alcohol Use				Suspected Drug U	se			
	L	Drug & Alcohol NO			NO				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results		
		Drug Test Given			Drug Test Type		Drug Test Results		
		TEST NOT GIVEN	I						
-	Ξ	Drug Type							
9	001								
		Individual Condition							
	APPEARED NORMAL								
1									