#### 6TL0BC3B2M 19-00499

# 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 19-00499			Investigating Officer/Deputy DEPUTY W. VERTEIN				
_	Crash Date	Crash Time		Date Arrived				e Arrived			
C3B2M	01/12/2019	06:34 AM		Date Arrived			Time	Alliveu			
$\overline{\mathbf{w}}$	Date Notified	Time Notified		Total Ur	nits		Total	Injured	Total Killed	t	
ဌျ	01/12/2019	06:36 AM		01			00		00	1	
0B	On Emergency H	it and Run	and Run Lane Closu		sure Work Zone			Trailer or Towed		Reporting Threshold	
eTL0B	Government Property	Active School Zone		School Bus Related NO		Tags	Tags				
9	Reportable	CATED ANIM	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	Location										
Ī	ON STH33 EB					Latitude Longitude					
	0.27 MI S					43.599363987		_		200488	
	OF SEFKAR RD										
	IN THE TOWN OF LA VALLE	Ε				X Coordin		Y Coordinate			
	IN SAUK COUNTY					247269.3		4832141.5		6.11	
						Structure 7	Туре				
L											
	Crash Scene										
Ī	First Harmful Event					First Harm	ıful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA	DWAY				
-	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT									
	Road Surface Condition(s)					Roadway	Factor(s)				
	.,										
	Environment Factor(s)										
	W # 0 ## ()										
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER Crash Classification - Location PUBLIC PROPERTY					TRAFFICWAY - ON ROAD					
-						Crash Classification - Jurisdiction					
						NO SPECIAL JURISDICTION					
-	Tribal Land				Access Control				Special Study		
						7100000 01	Jilli Oi			Special Study	
L	Init Cummon										
	Unit Summary Unit Status		I V/oh	iolo Oporo	oting Ac C	localfication		Literature -			
				Vehicle Operating As Classification			Unit Type  AUTOMOBILE				
	IN TRANSIT D CLASS										
01	Vehicle Type				Operating As Endorsements						
0	PASSENGER VAN										
	Total Occs Train/Bus # Recorded			Total # Citations Issued						Mat Types	
	1		0	0		0		0			
		Direction Of Travel		Pre CrashTire			Speed Lim		t Total Lanes		
⊨ ا	YES EASTBOUND			Mark							
UNIT	Most Harmful Event: Collision With			cial Funct		TION		Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			HON		NOT APPLICABLE		
Ī	Traffic Way			ffic Contro	I			Traffic Control Inoperative/Missing			
	Surface Type			D 10 1			Pood Crade				
	Surface Type			Road Curvature				Road Grade			
								1			

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

	Truck Bus or HazMat  NO								
	Vehicle								
		License Plate Number	Plate Type St		Country of Issuance				
		851NCF	AUT - AUTOMOBILE	WI	UNITED STATES				
10	5	Vehicle Identification Number 2C4RC1CG2CR252761	Make CHRYSLER	Year <b>2012</b>	Model TOWN &				
	VEHICLE	Color BLU - BLUE	Body Style VN - VAN		Bus Use NOT A BUS				
		Initial Contact Point	Vehicle Damage						
╘		12FRONT	1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 10LEFT SIDE FRONT, 11 LEFT FRONT CORNER, 12FRONT						
IND		Extent Of Damage							
-		FUNCTIONAL DAMAGE							
		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions NO CONTRIBUTING ACTION							
<b>-</b>	VEHICLE	NO CONTRIBUTING ACTION							
LIND	¥								
_ر	E S								
		Owner Name	Owner Address						
2	6								
<b>-</b>	1	Policy Holder							
LIND		Insurance Company	Individual						
_		GEICO-ADVANTAGE-INSURANCE-CO	SHELLY KELLER						
	I	Individual							
		Driver SHELLY ANN KELLER	Citations Issued	Citations Issued Sex  • FEMALE					
	A	(608) 495-9719	Date of Birth						
<b>-</b>	DIVIDUAL		Jaco di Birar		WHITE				
Ĭ N	≥	Address	Driver License Number						
_	Z	101 LARY ST PO BOX/407   WONEWOC, WI 53968,US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		,							
		On Duty Crash	Safety Equipment						
	Sa	fety Equipment							
		Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
_		Eye Protection	Tint Compliance						
	_	Injury Severity	Airbag						
0	90	Injury NO APPARENT INJURY							
		Ejected Ejection Path			Trapped/Extricated				
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED							
		Hospital	Date of Death		Time of Death				

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Distracted By Source									
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	N N								
		Action Other						To/From School	
		Action Other						TO/FIGHT SCHOOL	
Drug & Alcohol No			Suspected Alcohol U NO	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			
10	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							