

6TL0BGSFCP  
19-00416

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0BGSFCP

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-00416</b>	Investigating Officer/Deputy <b>DEPUTY B. LUBER</b>	
Crash Date <b>01/10/2019</b>		Crash Time <b>05:25 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>01/10/2019</b>		Time Notified <b>05:29 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 NB 400 FT S OF LONGWOOD DR IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY</b>	Latitude <b>43.31655648</b>	Longitude <b>-89.734340501</b>
	X Coordinate <b>278270.875</b>	Y Coordinate <b>4799600</b>
	Structure Type	

**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**

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>		Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	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>NORTHBOUND</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 NO	
01	UNIT VEHICLE	<b>Vehicle</b>	
		License Plate Number <b>127RHH</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>1GNKVKFD8GJ132335</b>	Make <b>CHEVROLET</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Year <b>2016</b>
		Initial Contact Point <b>12--FRONT</b>	Country of Issuance <b>UNITED STATES</b>
		Extent Of Damage <b>DISABLING DAMAGE</b>	Model <b>TRAVERSE L</b>
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>
		What Driver Was Doing	Bus Use <b>NOT A BUS</b>
		Driver Prior Action Other	Vehicle Damage <b>1--RIGHT FRONT CORNER, 12--FRONT</b>
		01	UNIT VEHICLE
Owner Name	Owner Address		
01	UNIT POLICY HOLDER	<b>Policy Holder</b>	
		Insurance Company <b>1ST-AUTO-&amp;-CASUALTY-INS-CO</b>	Individual <b>ROBBIE MEIER</b>
01	UNIT INDIVIDUAL	<b>Individual</b>	
		Driver <b>MEGEN MELYNN MEIER (608) 438-7506</b>	Citations Issued <b>0</b>
		Address <b>E12586 SPEAR DR MERRIMAC, WI 53561 , US</b>	Sex <b>FEMALE</b>
			Date of Birth <b>WHITE</b>
01	UNIT SAFETY EQUIPMENT	On Duty Crash	
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position	
		Helmet Use	
		Eye Protection	
		Tint Compliance	
		Airbag	
		Injury Severity <b>NO APPARENT INJURY</b>	
		Ejected	
		Ejection Path	
Trapped/Extricated			
Medical Transport <b>NOT TRANSPORTED</b>			
EMS Agency Identifier			
EMS Run #			
Hospital			
Date of Death			
Time of Death			

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UNIT	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<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	
	Drug Type				
01	001	Individual Condition			
		<b>APPEARED NORMAL</b>			