6TL09N3P68 19-00933

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 19-00933			Investigating Officer/Deputy DEPUTY C. FRANK			
89	Crash Date 01/23/2019	Crash Time 11:47 AM			Date Arrived		Time	Time Arrived			
13P	Date Notified Time Notified 01/23/2019 11:49 AM			Total Units 01			Total		Injured Total Killed 00		
6TL09N3P68	On Emergency	lit and Run	and Run Lane Clos		ure Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Active School Zone			School Bus Related T			Tags	ags			
•	Crash Type			ANIMAL W/ NO INJURY				Amended		Secondary Crash	
Ī	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
l	Location										
Ī	ON SHADY LANE RD					Latitude Longitude					
	1055 FT E					43.546742548		•		2531858	
	OF HOCHUNK VILLAGE (2)					X Coordinate					
	IN THE TOWN OF DELTON			276832.						Y Coordinate 4825240.5	
	IN SAUK COUNTY										
						NO STR					
1	Crash Scene										
,	First Harmful Event					l e:	(5				
		MAL (ALIVE)				First Harmful Event Location					
ŀ	NON DOMESTICATED ANII Manner of Collision	VIAL (ALIVE)				ON ROADWAY					
	NO COLLISION W/VEHICLE	IN TO ANGOOD	-			Light Condition					
ŀ	Road Surface Condition(s)	IN TRANSPOR	1			Poodway	Factor(s)				
	road Surface Condition(s)					Roadway Factor(s)					
İ	Environment Factor(s)										
ŀ	Weather Condition(s)										
	weather Condition(s)										
l	Animal Type DEER Crash Classification - Location					Relation To Trafficway					
						TRAFFICWAY - ON ROAD					
İ						Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURIS		ISDICTION			
	Tribal Land	al Land				Access Control Special Study			Special Study		
	Unit Comment										
	Unit Summary Unit Status		I Vok	iolo Oporo	oting As C	laggification		Harita Trans			
					hicle Operating As Classification			Unit Type AUTOMOBILE			
	IN TRANSIT D CLASS Vehicle Type					Operating As Endorsements			monte		
0	PASSENGER CAR							Operating	AS EHUUISEI	nens	
				Total # Citations Issued		Total Traile		ers Total Hazl		Mat Tynes	
	1	,240 // 1100011	0	ui # Oitatio	113 133464		0	0.0	0		
ŀ	Insurance?	Direction Of Trave		Bro C	rochTiro		Speed Lin	nit	Total Lane	es	
_	YES	EASTBOUND		Pre CrashT Mark							
UNIT	Most Harmful Event: Collision With			Special Function			1		Emergency Motor Vehicle Use		
-	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA	AL FUNC	TION		NOT APPLICABLE			
	Traffic Way			ffic Contro	I			Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature			Road G		Grade		

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	Truck Bus or HazMat NO								
		Vehicle							
01		License Plate Number N493785	Plate Type AUT - AUTOMOBILE	St LA	Country of Issuance UNITED STATES				
	5	Vehicle Identification Number 1N4AL3AP2JC173355	Make NISSAN	Year 2018	Model ULTIMA				
		Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR	•	Bus Use NOT A BUS				
TINO	VEHICLE	Initial Contact Point 12FRONT Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage 1RIGHT FRONT CORNER, 12FRONT						
		Towed Due To Damage NOT TOWED	Vehicle Removed By						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other Driver Actions							
TINO	VEHICLE	NO CONTRIBUTING ACTION							
_	_	Owner Name	Owner Address						
01	2								
LIND		Policy Holder Insurance Company	Individual						
5		GENERAL-AGENTS-INS-CO-OF-AMERICA-INC	JERROLD JACOBSO	N					
	DIVIDUAL	Individual	LOitetiana lasurad	Citations Issued Sov					
		Driver JERROLD R JACOBSON	Citations Issued 0	tations Issued Sex MALE					
╘		(608) 434-1810	Date of Birth	WHITE					
LINO		Address 624 14TH ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment						
		Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
2	90	Injury Severity NO APPARENT INJURY	Airbag Transad/Extrinated						
		Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #				
		Hospital	Date of Death		Time of Death				

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		Distracted By	Distracted By Source	1				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	Z							
		Action Other						To/From School
			Corrected Alachalli	- Live -				
	L	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN Alcohol Test Ty				Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
10	001	Drug Type						
		Individual Condition						
		APPEARED NORI	MAL					