6TL09XQZ06 19-03998

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	,		9			nvestigating Officer/Deputy DEPUTY I. GALVAN			
90	Crash Date 04/08/2019	Crash Time 08:45 PM	Date Ar	Date Arrived		Time	Time Arrived			
6TL09XQZ06	Date Notified 04/08/2019	Time Notified 08:47 PM	Total Ui	Total Units 01		Total	Total Injured Total Killed 00 00		l	
60	On Emergency H	it and Run Lane (Closure	sure Work Zone			Trailer or Towed		Reporting Threshold	
eTI	Government Property	NO School				Tags				
	✓ Reportable	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									
f	INTERSECTION ON STH136 WB				Latitude 43.48116	67539		Longitude -89.827867554		
	AT PLEASANT VALLEY RD	_			X Coordin	ate		Y Coordinate		
	IN THE TOWN OF BARABO)				271306.84375 4818135				
	IN SAUK COUNTY				Structure 7	Type				
						,,				
(Crash Scene									
Ţ	First Harmful Event First Harmful Event Location									
	NON DOMESTICATED ANIM	ΙΔΙ (ΔΙΙΥΕ)			ON ROA		Cation			
ŀ	Manner of Collision	IAL (ALIVL)			Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT			Light Cont	aition				
ŀ	Road Surface Condition(s)				Roadway	Factor(s)				
	Environment Factor(s) Weather Condition(s)									
	Animal Type					Relation To Trafficway				
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
ŀ	PUBLIC PROPERTY Tribal Land			Access Control				Special Study		
						Trocks Control				
I	Unit Summary									
Ì	Unit Status Vehicle Operating A			ating As C	lassification		Unit Type			
	IN TRANSIT	D CLASS			AUTOMOBIL		ILE			
_	Vehicle Type						Operating As Endorsements		ments	
0	PASSENGER CAR									
•			Total # Citations Issued 0		Total Traile 0		ers Total HazN		Mat Types	
_		Direction Of Travel WESTBOUND	Pre CrashTire		Speed		nit Total Lanes		es	
L	Most Harmful Event: Collision With NON DOMESTICATED ANIM	Special Function NO SPECIAL FUNCTION			ı	Emergency Motor Vehicle Use NOT APPLICABLE				
	Traffic Way		Traffic Control			Traffic C		Control Inoperative/Missing		
	Surface Type	Road Curvature				Road Grade				

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	Truc	uck Bus or HazMat								
	NO	0								
	,	Vehicle								
		License Plate Number		Plate Type	St	Country of Issuance				
		377XMP		AUT - AUTOMOBILE	WI	UNITED STATES				
		Vehicle Identification Number		Make	Year	Model				
2	2	2CTFLTEC2B6374453		GENERAL MOTORS COR	2011	TERRAIN SL				
_		Color		Body Style		Bus Use				
		BLU - BLUE		UT - SPORT UTILITY VEHIC	`I E	NOT A BUS				
	VEHICLE	Initial Contact Point		Vehicle Damage						
⊢		12FRONT		Volloid Dalliago						
UNIT		Extent Of Damage		12FRONT						
		DISABLING DAMAGE		IZ-TRONI						
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING	DAMAGE	BILLS TOWING						
		What Driver Was Doing	DAMAGE							
		T virial Driver vias Dolling		Vehicle Factors						
		Driver Prior Action Other								
		Driver Prior Action Other								
		Driver Actions								
		Driver Actions NO CONTRIBUTING ACTION								
l <u>∟</u>	VEHICLE	NO CONTRIBOTINO ACTION								
LIND	≌									
□	击									
	>									
ļ		O No		O A delegan						
		Owner Name	Owner Address							
2	7									
L		Policy Holder								
LNO		Insurance Company		Individual						
_		WEST-BEND-MUTUAL-INS-	CO	MAX STATZ						
		Individual								
		Driver		Citations Issued		Sex				
	ب	MAX STATZ		0		MALE				
	4	(608) 477-0645		Date of Birth		Race				
⊨	IDIVIDUAL					WHITE				
L	≥	Address		Driver License Number						
_	무	S4384 EXCELSIOR DR ROCK SPRINGS, WI 53961 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	=									
	0-	On Duty Crash		Safety Equipment						
	Sai	Safety Equipment								
		Seat Position		SHOULDER & LAP BELT Helmet Compliance						
		Helmet Use								
Ì		Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance Airbag Trapped/Extricated						
2	001									
٦	0									
		I I I I I I I I I I I I I I I I I I I		T=						
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				
l										

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Distracted By Source									
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	NA THE STATE OF TH								
LIND	INDIVIDUAL								
	N N								
		Action Other						To/From School	
		Action Other						TO/TTOIN SCHOOL	
	ı	Drug & Alcohol Suspected Alcohol Use NO			Suspected Drug Use NO				
		Alcohol Test Given Alcohol Test Typ TEST NOT GIVEN			Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	l		
5	001	Drug Type							
•		Individual Condition							
		APPEARED NORI	MAL						
		THE PROPERTY OF THE PROPERTY O							