

6TL092T5N8

19-04220

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override, Primary Crash Document #, Agency Crash Number 19-04220, Investigating Officer/Deputy DEPUTY J. KIRKENG, Crash Date 04/13/2019, Crash Time 08:03 PM, Date Arrived, Time Arrived, Date Notified 04/13/2019, Time Notified 08:03 PM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type NON-DOMESTICATED 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.

Location

ON CTHB WB 0.33 MI W OF WILSON CREEK RD IN THE TOWN OF FRANKLIN IN SAUK COUNTY, Latitude 43.27447477, Longitude -90.025198062, X Coordinate 254514.453125, Y Coordinate 4795740, Structure Type NO STRUCTURE

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE), First Harmful Event Location ON ROADWAY, Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type DEER, Relation To Trafficway TRAFFICWAY - ON ROAD, Crash Classification - Location PUBLIC PROPERTY, Crash Classification - Jurisdiction NO SPECIAL JURISDICTION, Tribal Land, Access Control, Special Study

Unit Summary

Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type (SPORT) UTILITY VEHICLE, Operating As Endorsements, Total Occs 1, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel WESTBOUND, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE), Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade

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| | | | |
|-----------|---|---|--|
| | | Truck Bus or HazMat NO | |
| 01 | 01 | Vehicle | |
| | | License Plate Number ACS1544 | Plate Type AUT - AUTOMOBILE |
| | | Vehicle Identification Number 1GNKREED2CJ274667 | Make CHEVROLET |
| | | Color BLK - BLACK | Year 2012 |
| | | Initial Contact Point 1--RIGHT FRONT CORNER | Model TRAVERSE |
| | | Extent Of Damage FUNCTIONAL DAMAGE | Body Style UT - SPORT UTILITY VEHICLE |
| | | Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG | Bus Use NOT A BUS |
| | | What Driver Was Doing GOING STRAIGHT | Vehicle Damage 1--RIGHT FRONT CORNER |
| | | Driver Prior Action Other | Vehicle Removed By GEORGES AUTO BODY |
| | | Driver Actions NO CONTRIBUTING ACTION | Vehicle Factors NOT APPLICABLE |
| 01 | 01 | Owner Name | Owner Address |
| | | | |
| 01 | 01 | Policy Holder | |
| | | Insurance Company GEICO-ADVANTAGE-INSURANCE-CO | Individual LACEY MCGHEE |
| | | Individual | |
| 01 | 01 | Driver LACEY DAWN MCGHEE (608) 438-1181 | Citations Issued 0 |
| | | Address 1135 NACHREINER AVENUE PLAIN, WI 53577 , US | Date of Birth |
| | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | Sex FEMALE |
| | | | Race WHITE |
| 01 | 001 | Safety Equipment | On Duty Crash |
| | | Seat Position | Safety Equipment SHOULDER & LAP BELT |
| | | Helmet Use | Helmet Compliance |
| | | Eye Protection | Tint Compliance |
| | | Injury | Injury Severity NO APPARENT INJURY |
| | | Ejected | Airbag |
| | Ejection Path | | |
| | Trapped/Extricated | | |
| | Medical Transport NOT TRANSPORTED | | |
| | Hospital | | |
| | EMS Agency Identifier | | |
| | Date of Death | | |
| | EMS Run # | | |
| | Time of Death | | |

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| | | | | | |
|-------------|---|------------------------|------------------------------------|---------------------------------|----------------------|
| UNIT | Distracted By | | Distracted By Source | | |
| | Distracted By Action | | | | |
| | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use 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 | |
| | Drug Type | | | | |
| 01 | 001 | Individual Condition | | | |
| | | APPEARED NORMAL | | | |