# **6TL0BNZM07** 19-11616

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override				Agency Crash Number 19-11616			Investigating Officer/Deputy DEPUTY A. BREUNIG					
107	Crash Date <b>09/17/2019</b>		Crash Time 06:50 AM		Date Arrived		Time	Time Arrived					
<b>6TL0BNZM07</b>	Date Notified <b>09/17/2019</b>		Time Notified 06:52 AM		Total Units 01		Total <b>00</b>		I Injured Total Killed		I		
	On Emergency Hit at		and Run	Lane Closure		Woi	Work Zone		Trailer or Towed		Reporting Threshold		
3TL	Government Active School Zon				School Bus Related			Tag					
•	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.												
Ì	Location <b>=</b>	ocation											
	ON STH113 SB 0.66 MI N					Latitude <b>43.38244</b>	1552		Longitude -89.677746966				
	OF STH78 NB IN THE TOWN OF MERRIMAC IN SAUK COUNTY				X Coordinate 283095.21875			Y Coordinate 4806768.5					
	IN OAGIN GOOMIT						Structure Type						
	Crash Scene	Crash Scene											
1	First Harmful Event						First Harm	ful Event L	ncation				
	NON DOMESTICATED ANIMAL (ALIVE)  Manner of Collision							DWAY	ocation				
								Light Condition					
	NO COLLISION W/VEH	IICLE I	N TRANSPOR	Г									
	Road Surface Condition(s)						Roadway Factor(s)						
	Environment Factor(s)												
	Environment Factor(s)												
	Neather 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 Contro		ontrol	ol		Special Study			
	Unit Summary			¥			1 121		I				
	Unit Status Vehicle Operating As					ating As C	iassification		Unit Type				
	IN TRANSIT D CLASS  Vehicle Type								AUTOMOBILE Operating As Endorsements		monte		
01	PASSENGER VAN								Operating A	Operating As Endorsements			
	Total Occs	ΙT	rain/Bus # Record	ded Tota	al # Citatio	ns Issued		Total Trail	lers	Total Hazl	Mat Types		
	1			0				0		0	, , , , , , , , , , , , , , , , , , ,		
	Insurance?		Direction Of Travel	<u> </u>	Pre C	rashTire	Speed Limi		nit Total Lane		es		
⊨	YES SOUTHBOUND Mark				lark	<b>~</b>							
UNIT	Most Harmful Event: Collision With Special Function					TION		Emergency Motor Vehicle Use					
	NON DOMESTICATED ANIMAL (ALIVE)  NO SPECIAL FU						CHON		NOT APPLICABLE				
	Traffic Way Traffic Control				I			Traffic Control Inoperative/Missing					
	Surface Type R.				Pood Cun/oture				Road Grade				
	Sandoo Typo	urface Type Road Curvature				10			Troad Grade				
Truck Bus or HazMat							1						
	NO NO												
	Vehicle												

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		License Plate Number	F	Plate Type	St	Country of Issuance				
		NV6309		TK - LIGHT TRUCK	wı	UNITED STATES				
		Vehicle Identification Number		Make	Year	Model				
2	6	3N6CM0KN3JK693728	l N	NISSAN	2018	NV200				
		Color		Body Style		Bus Use				
		WHI - WHITE		/N - VAN		NOT A BUS				
	VEHICLE	Initial Contact Point		Vehicle Damage						
⊢		2RIGHT SIDE FRONT		g-						
L		Extent Of Damage	2	2RIGHT SIDE FRONT, 3RIGHT SIDE MIDDLE, 4RIGHT SIDE REAR						
_		FUNCTIONAL DAMAGE	-							
		Towed Due To Damage	V	Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		3								
		Driver Prior Action Other								
		Driver Actions	I							
	щ	NO CONTRIBUTING ACTION								
╘	占									
L NO	Ĭ									
_	VEHICLE									
		Owner Name		Owner Address						
_	_									
5	5									
_		Policy Holder								
LNO		Insurance Company		Organization/Company						
5		REGENT-INS-CO		FRANK BEER DISTRIE	BUTORS INC					
		Individual Driver		Citations Issued		Sex				
		KURT CHARLES LUDVIGSON		0		MALE				
	¥	(608) 393-3170		Date of Birth		Race				
.	INDIVIDUAL			Date of Birtin		WHITE				
	₹	Address		Driver License Number						
$\supset$		W1549 64TH ST		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z	LYNDON STATION, WI 53944 , US								
		On Duty Crash		Safety Equipment						
	Sat	fety Equipment								
		Seat Position		SHOULDER & LAP BELT  Helmet Compliance						
		Helmet Use								
		Eye Protection		Tint Compliance						
2	00	Injury Severity		Airbag						
0	Ō	Injury NO APPARENT IN								
		Ejection Pat	h			Trapped/Extricated				
		NA P IT		I =						
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				
		Diotected Div C		]						
		Distracted By Source								
Distracted By Action										
	Distracted by Notion									
	Striking Unit # Location									
	Non Motorist									

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		Prior Action							
		Action							
	٩L								
<b>-</b>	Ú								
LNO	INDIVIDUAL								
⊃									
	Z								
		Antique Others					T-/ O-b		
		Action Other					To/From School		
		Suspected Alcohol U	9	Suspected Drug Use					
	L	Drug & Alcohol NO	36	NO					
		Alcohol Test Given	Alcohol Test Type		Alcohol Tes				
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results				
2	001	Drug Type							
	0								
		Individual Condition							
		ADDEADED NODMAL							
		APPEARED NORMAL							