

6TL08F2KWT

19-13524

# 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 <b>19-13524</b>	Investigating Officer/Deputy <b>DEPUTY T. SUTHERLAND</b>	
Crash Date <b>10/30/2019</b>		Crash Time <b>05:00 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>10/30/2019</b>		Time Notified <b>05:05 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 USH14 WB 639 FT E OF DYKE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY</b>	Latitude <b>43.189653472</b>	Longitude <b>-90.130909614</b>
	X Coordinate <b>245582.828125</b>	Y Coordinate <b>4786636</b>
	Structure Type <b>NO STRUCTURE</b>	

### 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</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Train/Bus # Recorded			Operating As Endorsements	
	Total Occs <b>1</b>	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>WESTBOUND</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	
	Truck Bus or HazMat <b>NO</b>					

### Vehicle

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01	UNIT	VEHICLE	01	License Plate Number <b>801XKR</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			01	Vehicle Identification Number <b>3N1CN7AP3DL840711</b>	Make <b>NISSAN</b>	Year <b>2013</b>	Model <b>VERSA S/S</b>	
			01	Color <b>BLK - BLACK</b>	Body Style <b>4D - 4DR</b>	Bus Use <b>NOT A BUS</b>		
			01	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage			
			01	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</b>			
			01	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>WEGNERS TOWING</b>			
			01	What Driver Was Doing	Vehicle Factors			
01	UNIT	VEHICLE	01	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
			01	Owner Name	Owner Address			
01	UNIT	INDIVIDUAL	01	<b>Policy Holder</b>				
			01	Insurance Company <b>ALLSTATE-INS-CO</b>	Individual <b>DERRICK GREEN</b>			
			01	<b>Individual</b>				
01	UNIT	INDIVIDUAL	01	Driver <b>EUGENE JAMES EWING (608) 553-3665</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
			01	Address <b>2025 W PRESTON DR RICHLAND CENTER, WI 53581 , US</b>	Date of Birth	Race <b>BLACK</b>		
			01	On Duty Crash	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
			01	<b>Safety Equipment</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
01	UNIT	INDIVIDUAL	01	Seat Position	Helmet Compliance			
			01	Helmet Use	Tint Compliance			
			01	Eye Protection	Airbag			
			01	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Trapped/Extricated		
			01	Ejected	Ejection Path	EMS Agency Identifier		
			01	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier		EMS Run #	
			01	Hospital	Date of Death		Time of Death	
01	UNIT	INDIVIDUAL	01	<b>Distracted By</b>				
			01	Distracted By Source	Distracted By Action			
01	UNIT	INDIVIDUAL	01	<b>Non Motorist</b>				
			01	Striking Unit #	Location			

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UNIT INDIVIDUAL          01 001	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		
	Individual Condition <b>APPEARED NORMAL</b>		