

6TL08S5WV8

19-13708

# 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>19-13708</b>	Investigating Officer/Deputy <b>SERGEANT S. SCHRAM</b>	
Crash Date <b>11/03/2019</b>		Crash Time <b>08:34 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>11/03/2019</b>		Time Notified <b>08:34 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 checked="" type="checkbox"/> Secondary Crash	

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

### Location

ON USH12 WB 0.35 MI S OF CTHPF NB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.288026045</b>	Longitude <b>-89.758994995</b>
	X Coordinate <b>276166.8125</b>	Y Coordinate <b>4796497</b>
	Structure Type	

### 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>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>02</b>	Train/Bus # Recorded	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>NORTHBOUND</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	01	VEHICLE	License Plate Number <b>AJ4188</b>	Plate Type <b>VET - DISABLED VET</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>1C4NJRFB6GD758413</b>	Make <b>JEEP</b>	Year <b>2016</b>	Model <b>PATRIOT</b>
				Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>	
				Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
				Extent Of Damage <b>DISABLING DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT</b>		
				Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>BILLS TOWING</b>		
01	UNIT	01	VEHICLE	What Driver Was Doing	Vehicle Factors		
				Driver Prior Action Other			
				Driver Actions <b>NO CONTRIBUTING ACTION</b>			
				Owner Name	Owner Address		
01	UNIT	01	INDIVIDUAL	<b>Policy Holder</b>			
				Insurance Company <b>USAA-CASUALTY-INS-CO</b>	Individual <b>JAMES THUROW</b>		
				<b>Individual</b>			
01	UNIT	001	INDIVIDUAL	Driver <b>JAMES E THUROW (608) 897-6879</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth		Race <b>WHITE</b>	
				Address <b>1209 ZAJAK DRIVE APT 14 BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
				<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
				Seat Position			
				Helmet Use	Helmet Compliance		
				Eye Protection	Tint Compliance		
				<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag	
				Ejected	Ejection Path	Trapped/Extricated	
				Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
Hospital	Date of Death	Time of Death					
<b>Distracted By</b>	Distracted By Source						
	Distracted By Action						
<b>Non Motorist</b>	Striking Unit #	Location					

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<b>UNIT</b>	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>		
	<b>01</b>	<b>001</b>	