6TL0B3P3G0 20-01430

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 20-01430			Investigating Officer/Deputy DEPUTY S. PARKHURST			
G0	Crash Date 02/07/2020	Crash Time 11:20 PM			Date Arrived		Time	Time Arrived			
0B3P3G0	Date Notified 02/07/2020	Time Notified 11:23 PM			Total Units 01		Total 00		Injured Total Killed 00		
-0B	On Emergency	it and Run	Lane Closu		e Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Property	Active School Zone			School Bus Related NO			Tags			
	✓ Reportable	Crash Type NON-DOMES	TICATED ANIM	AL W/ N	O INJUF	RY		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ——										
ł	ON HILLMAN RD					Latitude			Longitud	le	
	0.31 MI W			43. ! X Co		43.58282195 X Coordinate 277764.625		-89.752641366			
	OF CTHT WB							Y Coord 482922		ordinate	
	IN THE TOWN OF DELTON										
	IN SAUK COUNTY					Structure 1					
						Otractare	Турс				
ļ											
	Crash Scene										
	First Harmful Event					First Harm	ful Event L	ocation			
	NON DOMESTICATED ANIM	MAL (ALIVE)				ON ROA	DWAY				
	Manner of Collision					Light Cond	dition				
	00 - NO COLLISION W/VEH	CLE IN TRANSF	PORT								
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)	Veether Condition(c)				-					
	weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY Tribal Land						NO SPECIAL JURISDICTION			I	
				Acc		Access Control			Special Study		
	Unit Summary					l					
	Unit Status		Veh	icle Onera	ting As C	lassification		Unit Type			
				Vehicle Operating As Classification D CLASS				AUTOMO			
	Vehicle Type							Operating As Endorsements		nents	
01							Operating /	13 Endorser	nono		
	PASSENGER CAR								ers Total HazMat Types		
	PASSENGER CAR	Train/Rus # Record	ded Tota	al # Citation	ne lecued		Total Trail	lers	Total Haz	Mat Tynes	
	Total Occs	Train/Bus # Record		al # Citation	ns Issued		Total Trail	lers		Mat Types	
	Total Occs 1		0				0		0	,,	
	Total Occs 1 Insurance?	Direction Of Travel	0	Pre Cr	ashTire					,	
۱	Total Occs 1 Insurance? YES	Direction Of Travel WESTBOUND	0	Pre Cr M	ashTire ark		0	nit	0 Total Land	es	
UNIT	Total Occs 1 Insurance? YES Most Harmful Event: Collision Wit	Direction Of Travel WESTBOUND	0	Pre Cr	ashTire ark		0	nit Emergency	Total Land	es cle Use	
UNIT	Total Occs 1 Insurance? YES Most Harmful Event: Collision With NON DOMESTICATED ANIM	Direction Of Travel WESTBOUND	0 Spe NO	Pre Cr M cial Function SPECIA	ashTire ark on L FUNC		0	Emergency	O Total Land Motor Vehi PLICABLE	es cle Use	
UNIT	Total Occs 1 Insurance? YES Most Harmful Event: Collision Wit	Direction Of Travel WESTBOUND	0 Spe NO	Pre Cr M	ashTire ark on L FUNC		0	Emergency	Total Land	es cle Use	
UNIT	Total Occs 1 Insurance? YES Most Harmful Event: Collision With NON DOMESTICATED ANIM	Direction Of Travel WESTBOUND	O Spe NO Traf	Pre Cr M cial Function SPECIA	rashTire ark on L FUNC		0	Emergency	O Total Land Motor Vehi PLICABLE trol Inoperat	es cle Use	

Crash Date **02/07/2020**Crash Time **11:20 PM**

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	Truc	k Bus or HazMat						
	,	Vehicle						
		License Plate Number	Plate Type					
		672YGN	AUT - AUTOMOBILE	WI	UNITED STATES			
2	_	Vehicle Identification Number	Make	Year	Model			
0	2	3FAHP0HA2CR445197	FORD	2012	FUSION			
		Color	Body Style		Bus Use			
		GRY - GRAY	SD - SEDAN					
1	Щ	Initial Contact Point	Vehicle Damage					
UNIT	5	11 - LEFT FRONT CORNER						
	VEHICL	Extent Of Damage	11 - LEFT FRONT CORNER					
	Æ	DISABLING DAMAGE						
		Towed Due To Damage	Vehicle Removed By	Vehicle Removed By				
		TOWED DUE TO DISABLING DAMAGE	PLATTS WRECKER					
		What Driver Was Doing	Vehicle Factors					
		What Briver Was Borng	Vollidio 1 dotoro					
		Driver Prior Action Other						
		Driver i noi Action Other						
		Driver Actions						
		Driver Actions NO CONTRIBUTING ACTION						
_	VEHICLE	NO CONTRIBOTING ACTION						
UNIT	<u>≅</u>							
5	픎							
	5							
		Owner Name	Owner Address					
_	_							
2	5							
┕		Policy Holder						
LIND		Insurance Company Individual						
5		OHIO-INDEMNITY-CO	JOSHUA MCCOY					
		Individual						
		Driver	Citations Issued		Sex			
		JOSHUA JEROME MCCOY			MALE			
	7	CONTRACTION LINGSON	0					
	3		Date of Birth		Race BLACK			
╘	DIVIDUAL				BLACK			
FNO	\leq	Address	Driver License Number					
	Ĭ	215 EAST ST BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES					
	_	BARABOO, WI 33913 , US	OTATE: WIGOONOIN	OTATE: MIGGOROM GOGRANT. GRATES				
	Ca	On Duty Crash	Safety Equipment	Safety Equipment				
	Sai	fety Equipment						
		Row Seat Position	SHOULDER & LAP B	ELT				
		Helmet Use	Helmet Compliance	Helmet Compliance				
		Eye Protection	Tint Compliance	Tint Compliance				
_	Σ	Injury Severity	Airbag					
01	90	Injury NO APPARENT INJURY						
		Ejected Ejection Path			Trapped/Extricated			
		Medical Transport	EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED						
		Hospital	Date of Death		Time of Death			
		·						
			•					

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Crash Time 11:20 PM

		Distracted By	Distracted By Source	1					
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	UAL								
LIND	INDIVIDUAL								
	N D								
		Action Other						To/From School	
		Action Other						TO/FIGHT SCHOOL	
	ı	Drug & Alcohol	Suspected Alcohol U NO	se	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			
10	00	Drug Type							
		Individual Condition							
		APPEARED NORI	MAL						