6TL0BJ1GLF 21-09942

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/16/2021

Crash Time 08:40 PM

	Document Number Override Primary Cras		Document# Agency Crash Nu 21-09942				stigating Officer/Deputy PUTY J. MACASKILL				
۲	Crash Date Crash Time 10/16/2021 08:40 PM			Date Arrived		Time	Time Arrived				
J1G	Date Notified 10/16/2021	Time Notified 08:42 PM		Total Units 01			Total	Injured	Total Killed 00		
90	On Emergency Hit and Run La		Lane Clos	Closure Work Z				Trailer or To		Reporting Threshold	
eTL	Government Property	Active School	Zone	School NO	Bus Relat	ed	Tags				
	Reportable	Crash Type NON-DOMESTICA	TED ANIM	IAL W/ N	O INJUR	Y		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	_ocation										
ī	ON CTHBD NB					Latitude Longitude					
	0.31 MI S				l l		102496			Longitude -89.777914665	
	OF SHADY LANE RD					43.542402486 X Coordinate			-09.111		
	IN THE TOWN OF DELTON									rdinate	
	IN SAUK COUNTY					275573.9	6875	482480		0	
	IN SAUR COUNTY					Structuro	Turao.				
						Structure Type					
L											
(Crash Scene										
1	First Harmful Event					Eiret Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALEVE)				l		Cauon	n:		
-		IAL (ALIVE)				ON ROADWAY Light Condition					
	Manner of Collision		_								
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT	<u> </u>								
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)										
	AnimalType										
l											
						Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
Ī	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURIS Access Control		Special Study			
ľ										Special Study	
										, ,	
L	In: it 0										
	Jnit Summary -		1								
	Unit Status V			Vehicle Operating As Classification		UnitTyp					
				D CLASS				AUTOMOBILE			
_	Vehicle Type				Operating As Endorsements						
01	PASSENGER CAR										
ŀ	Total Occs Train/Bus#Recorded			Total#Citations Issued		1 Total Trail		ers Total HazMat Types		Vat Types	
	1		0			0		0		,,	
	Insurance?		i ie Ciasi			'		IotaiLane		#5	
LIND	YES NORTHBOUND			Mark							
5	Most Harmful Event: Collision With			Special Function		TION		Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			IUN		NOT APPLICABLE		
	Traffic Way			ffic Contro	1			Traffic Control Inoperative/Missing			
ŀ	Surface Type			Road Curvature					Road Grade		
	,										

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	Truck Bus or HazMat								
		Vehicle License Plate Number	Plate Type	St	Country of Issuance				
	VEHICLE 01	AFT2856	AUT - AUTOMOBILE	wı	UNITED STATES				
10		Vehicle Identification Number 1G1BE5SM9K7107476	Make CHEVROLET	Year 2019	Model CRUZE				
		Color BRZ - BRONZE	Body Style SD - SEDAN	1	Bus Use				
		Initial Contact Point	Vehicle Damage 77 8 9 10 11						
NS NS		12 - FRONT Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT 5: 4 3: 2 1:						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
UNIT	щ	DriverActions NO CONTRIBUTING ACTION							
	VEHICLE								
		Owner Name							
2	5	UWinet (value)	Owner Address						
⊑		Policy Holder							
N N		Insurance Company THE-GENERAL-AUTOMOBILE-INS-CO-INC	Individual SENECA FUNMAKE	:R					
	INDIVIDUAL		Tobbie beed To						
		Driver SENECA CLOUD FUNMAKER	Citations Issued 0	Sex FEMALE					
_		(608) 477-7592	Date of Birth	Race					
S		Address S2549 GIEBEL CT # 2	Driver License Number						
		BARABOO, Wt 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	On Duty Crash Safety Equipment		Safety Equipment						
	001	Row Seat Position	SHOULDER & LAP BELT						
		HełmetUse	Heimet Compliance						
		Eye Protection	TintCompliance						
2		Injury Severity NO APPARENT INJURY	Airbag						
		Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#				
		Hospital	Date of Death		Time of Death				

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		Distracted By Source	æ					
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action Prior Action						
		Action						
	7							
<u>.</u>	9							
UNIT	INDIWIDUAL							
	Ź.							
	Ź							
	_							
		Action Other					To/From School	
		Suspected Alcohol						
	į	Drug & Alcohol NO	Suspected Drug Use NO					
		Alcohol Test Given	Alcohol Test Type		Alcohol Tes		st Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		estType Drug TestResult		ts		
		TEŠT NOT GIVEN			-			
_	~	Drug Type	1					
01	8	3 7.						
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORWAL						