6TL0CX0Q8S 21-09984

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document#	1	Agency Crash Number 21-09984			Investigating Officer/Deputy DEPUTY I. HANSON			
88 88	Crash Date 10/18/2021	Crash Time 06:45 AM	Date An	Date Arrived		Time	Time Arrived			
6TL0CX0Q8	Date Notified 10/18/2021	Time Notified 06:47 AM	Total Ur 01	Total Units 01		Total	Total Injured Total Killed 00			
0	On Emergency Hi	t and Run Lane C	Closure	***************************************	Work Zone		Trailer or Towed		Reporting Threshold	
6TI	Government Property	School Bus Related NO			Tags	Tags				
	Reportable Crash Type NON-DOMESTICATED A			ANIMAL W/ NO INJURY			Amended		Secondary Crash	
	l, a sworn law enforcement	ent officer, agree that I hav	ve not added	i any CJ	IS data in	this repor	t.			
	Location 									
·	ON CTHAEB							Longitud	e	
	317 FT W				Latitude 43.589759827 X Coordinate 278456.09375		_		14392395 rdinate	
	OF CTHT EB									
	IN THE VILLAGE OF LAKE D	ELTON								
	IN SAUK COUNTY							402001	0	
					Structure	Structure Type				
L	Crash Scene									
•										
	First Harmful Event				First Harmful Event Location					
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROADWAY					
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT			`					
ŀ	Road Surface Condition(s)				Roadway	Factor(s)				
	Environment Factor(s)									
ŀ	Weather Condition(s)					-				
	Animal Type DEER Crash Classification - Location				Relation To Trafficway					
						TRAFFICWAY - ON ROAD				
					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURIS		RISDICTION				
	Tribal Land				Access Control				Special Study	
L	Init Cummon:									
	Unit Summary		I \	-ti A - O	1166		L			
				rating As Classification			UnitType			
	IN TRANSIT D CLASS						TRUCK			
01	Vehicle Type						Operating A	s Endorser	nents	
0	UTILITY TRUCK/PICKUP TRUCK									
	Total Occs Train/Bus#Recorded		Total#Citations Issued						Vlat Types	
	1		0		0		0			
_		Direction Of Travel EASTBOUND	Pre CrashTire Mark		•	Speed Limit		TotalLanes		
LINO	Most Harmful Event: Collision With	Special Function				Emergency Motor Vehicle Use		icle Use		
) 	NON DOMESTICATED ANIM	NO SPECIAL FUNCTIO		TION		NOT APPLICABLE				
}	Traffic Way	Traffic Control			Traffic Control Inoperative/Missing			tive/Missina		
	·- · · - ,	Hanic Octaios			, and sometimes and					
	Surface Type		Road Curvature					Road Grade		

Wisconsin Motor Vehicle Crash Form DT4000

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Crash Date 10/18/2021 Crash Time 06:45 AM

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Crash Date 10/18/2021

Crash Time 06:45 AM

	Truc	ck Bus or HazMat								
		Vehicle	ananananapranananananananan	iagiagiagiagiagiagiagiagiagiagiagiagi	((<u>)</u>	(a)(a)(a)(a)				
UNIT 01		License Plate Number		Plate Type	9	it	Country of Issuance			
		292937F Vehicle Identification Number		LTK - LIGHT TRUCK Make		VI ear	UNITED STATES Model	•		
	5	1GTGK13U13F222187		GENERAL MOTORS CO	OR 2	003	SIERRA K15			
		Color DGR - GREEN, DARK		Body Style PK - PICKUP			Bus Use	BusUse		
	VEHICLE	Initial Contact Point		Vehicle Damage				7 8 9 10 11		
		01 - RtGHT FRONT CORNE Extent Of Damage	ER .	01 - RIGHT FRONT CORNER			6 12			
	8	MINOR DAMAGE						5 4 3 2 1		
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
	ш	Driver Actions NO CONTRIBUTING ACTION								
ĦN	VEHICLE									
5	Ĭ.									
_		Owner/Address								
2	5									
		Policy Holder								
IN N		Insurance Company		Individual						
		RURAL-MUTUAL-INS-CO-(KENT SOMMERS							
		Individual Driver KENT DEVON SOMMERS (608) 432-2248			Citations ssued Sex					
				0	MALE					
<u>_</u>	à				Race WHITE					
Ş	DIMIDUA	Address		Driver License Number						
	Z	E9510 OAK HILL RD WISCONSIN DELLS, WI 53965 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment		Safety Equipment						
		Row	Seat Position	SHOULDER & LAP B	LDER & LAP BELT					
		Helmet Use		Helmet Compliance						
		Euo Deshastion		·						
		Eye Protection		Tint Compliance						
10	8	Injury Severity Injury NO APPARENT INJURY		Airbag						
		Ejected Ejection Path					Trapped/Extricated			
		A. J. J.		LEAD 6 11 47						
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier			EMS Run#			
		Hospital		Date of Death			Time of Death			

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		Distracted By	Source						
		Distracted By							
		Distracted By Action							
			le a						
		Non Motorist Striking Unit	# Location						
		Prior Action							
		Action							
	7								
_	INDIWIBUAL								
UNIT	ME								
_	Q								
	_								
		Action Other					To/From School		
							1 O/From School		
		Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO					1		
	L		NO						
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN	Drug Test Type		Drug Test Results				
		Drug Test Given TEST NOT GIVEN		Diag restresals		5			
01	001	Drug Type	•		•				
	0								
		Individual Condition							
		APPEARED NORMAL							