6TL0D7W14S 21-10486

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/31/2021

Crash Time 06:15 PM

	Document Number Override Primary Crash Document# Agency Crash N 21-10486			 		stigating Officer/Deputy PUTY K. MUELLER				
4 S	Crash Date Crash Time 06:15 PM		Date Arrived		Time	Time Arrived				
6TL0D7W14S	Date Notified Time Notified 10/31/2021 06:16 PM		Total Units 01		Total	Total Injured Total Killed 00				
0.	On Emergency Hit and Run Lane Cl			ure Work Zone		-	Trailer or Towed		Reporting Threshold	
119	Government Property	NO NO	I I		Tags	Гags				
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Υ		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location									
Ī	ON E SANDUSKY RD				Latitude			Longitud	Φ	
	0.46 MI W				43.394988632		-90.136			
	OF CTHG WB						Y Coordi			
	IN THE TOWN OF WASHING	STON			X Coordina					
	IN SAUK COUNTY				245971.5	78125		480945	9	
	M DAGN GGGN I				Structure	Гуре				
						71				
l										
(Crash Scene 💮 💳									
1	First Harmful Event				First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM	TAL (ALTVE)			ROADSII					
		TAE (AEIVE)								
	Manner of Collision				Light Cond	dition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway Factor(s)					
l	Environment Factor(s)				1					
1	Weather Condition(s)			1						
	• •									
ŀ	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location			Crash Classification - Jurisdict						
	PUBLIC PROPERTY				NO SPECIAL JURIS					
	TribalLand				Access Control				Special Study	
i	Unit Summary -									
	Unit Status		L Vahiela Oper	ating As C	laccification		I I mit Turns			
				Vehicle Operating As Classification			UnitType			
				D CLASS				AUTOMOBILE		
_	Vehicle Type				Operating As Endorsements			ments		
01	PASSENGER CAR									
	TotalOccs	Total#Citatio	Total#Citations Issued		Total Trai		Total Hazi	Vat Types		
	I I		0		0		0		**	
ŀ	Insurance?								25	
			1 16 Clash the			, Speed run		i Otal Lalles		
LIND	YES EASTBOUND Mark									
5	Most Harmful Event: Collision Wit	Special Function NO SPECIAL FUNC		TION		Emergency Motor Vehicle Use				
_	NON DOMESTICATED ANIM	IAL (ALIVE)	NO SPECIA	AL FUNC	HUN		NOT APPLICABLE			
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
		[1			
ŀ	Surface Type	Road Curvati	Road Curvature		Road Gra		de			
	,	, toda out faluic			7.554 5.645					

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	Truc	ck Bus or HazMat							
UNIT 01		License Plate Number ABE2633		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance			
		Vehicle Identification Number		Make	Year	Model			
	8	1G1PC5SBXE7395622		CHEVROLET	2014	CRUZE			
		Color GRY - GRAY		Body Style SD - SEDAN		Bus Use			
	щ	Initial Contact Point		Vehicle Damage 7 8 9 10 11 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT 6 32 CORNER, 12 - FRONT 5 4 8 2 1					
	VEHICLE	12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE							
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
	111	Driver Actions NO CONTRIBUTING ACTION							
INN	VEHICLE								
É	I								
_		Owner Name		Owner Address					
2	5								
<u> </u>		Policy Holder							
H		Insurance Company STATE-FARM-GENERAL-INS-CO		Individual TYLER BRANDT			Minimum - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -		
		Driver TYLER JORDAN BRANDT (608) 495-1338		Citations Issued	Sex				
	₹				0 MALE Date of Birth Race				
l <u>⊢</u>	DIMDUA			Date of Billi	WHITE				
ş	ā	Address S6781 HWY 130 HILLPOINT, WI 53937 , US		Driver License Number					
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty Crash		Safety Equipment					
	5 8	fety Equipment	PostDer#	SHOULDER & LAP BELT					
01		Row	Seat Position	SHOOLDER & LAF E	DEL I				
		HelmetUse		Helmet Compliance					
		Eye Protection		TintCompliance					
	8	Injury Severity NO APPARENT INJURY		Airbag					
		Ejection Path		'		Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		Date of Death		Time of Dooth			
		Hospital		Date of Death		Time of Death			

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	Distracted By Distracted E	By Source				
	Distracted By Action					
	Non Motorist Striking Unit	t# Location				
	Prior Action					
	Action					
. 4						
GN						
						.
	Action Other					To/From School
	Drug & Alcohol NO	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		
<u>ه</u> م	Drug Type			1		
	Individual Condition					
	APPEARED NORMAL					