6TL0B655SS 21-12318

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Docum		Agency Crash Number 21-12318			Investigating Officer/Deputy DEPUTY W. NEUBAUER				
SS	Crash Date Crash Time 12/23/2021 05:50 AM		Date A	Date Arrived		Time	Time Arrived			
70	Date Notified Time Notified		Total	Jnits		Total	Injured	Total Killed	ł	
B655	12/23/2021	05:54 AM	01			00	1 -		T	
	On Emergency Hit and Run Lane		Closure	osure Work Zone			Trailer or Towed		Reporting Threshold	
6TI	Government Property	Active School Zone		ol Bus Relat	ed	Tags				
	▼ Reportable	Crash Type NON-DOMESTICATED	ANIMAL W/	NO INJUR	ťΥ		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location ———									
Ī	ON STH60 EB				Latitude			Longitud	ła	
	0.63 MI E				43.198040526				048374	
	OF JONES RD									
	IN THE TOWN OF SPRING G	REEN			X Coordinate		Y Coord			
	IN SAUK COUNTY				255681.8	359375	4787198		18	
					Structure 1	Туре				
	Crash Scene									
,										
	First Harmful Event				1	ıful Event Lo	cation			
	NON DOMESTICATED ANIMA	AL (ALIVE)			ON ROA	DWAY				
l	Manner of Collision			Light Condition						
	00 - NO COLLISION W/VEHIC	LE IN TRANSPORT			_					
ŀ	Road Surface Condition(s)				Roadway Factor(s)					
	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,				
ľ	Environment Factor(s)				1					
	Elimonial deserto									
l	Weather Condition(s)				1					
	Animal Type				Relation To Traffic			ficway		
	DEER			TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction						
	Crash Classification - Location									
	PUBLIC PROPERTY			NO SPECIAL JURIS		RISDICTION				
ŀ	TribalLand		A		Access Control			Special Study		
l					<u> </u>				<u> </u>	
	Unit Summary -									
	Unit Status Vehicle Operating As			erating As C	1 21					
	IN TRANSIT D CLASS						TRUCK			
_	Vehicle Type						Operating A	s Endorser	ments	
9	UTILITY TRUCK/PICKUP TRUCK									
l	Total Occs Train/Bus#Recorded To		Total#Citat	Total # Citations Issued		Total Traile	ers	Total Haz	Mat Types	
	1		0			0	0			
ŀ	Insurance?	Direction Of Travel			Speed Limit		TotalLane	25		
_		EASTBOUND	Pre CrashTire Sp. Mark		-,	, , , , , , , , , , , , , , , , , , , ,				
L N				Special Function				 Emergency Motor Vehicle Use		
⊃	NON DOMESTICATED ANIMA	NO SPECIAL FUNCT		TION		NOT APPLICABLE				
	Traffic Way									
	Hattie Way	Haine Cont	Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type	D40				Bood Cyada				
	Surface Type	Koad Curva	Road Curvature			Road Grade				
		1								

Wisconsin Motor Vehicle Crash Form DT4000 Crash Date 12/23/2021
Crash Time 05:50 AM

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	Truc	ck Bus or HazMat							
	L								
UNIT 01		License Plate Number SC4761		Plate Type AUT - AUTOMOBILE	St WI	Country of issuance UNITED STATES			
	5	Vehicle Identification Number	ſ	Make RAM	Year 2018	Model 1500			
		Color		Body Style	2010	Bus Use			
		BLK - BLACK		PK - PICKUP					
	Щ	Initial Contact Point 12 - FRONT		Vehicle Damage			7 8 9 10 11		
	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		12 - FRONT		6 12 5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED What Driver Was Doing		OPERATOR Vehicle Feeter					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
	111	Driver Actions NO CONTRIBUTING ACTION							
⊨	VEHICLE	TO CONTRIBUTION							
NS.	I								
	7								
		Owner Name		Owner Address					
2	5								
l⊨		Policy Holder							
N N		Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual KOLTON MCCORKLE					
		Individual							
		Driver KOLTON MICHAEL MCCORKLE (608) 739-2913		Citations Issued	Sex	Sex			
	4			0 Date of Birth	MALE of Birth Race				
⊨	DIMIDUA			WHITE					
Ş	8	Address 414 W WALNUT ST MUSCODA, WI 53573 , US		Driver License Number					
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES					
				Safety Equipment					
	Sai	fety Equipment							
		Row	Seat Position	SHOULDER & LAP E	PBELT				
		Helmet Use		Helmet Compliance					
10		Eye Protection		TintCompliance					
	50	Injury Severity NO APPARENT INJURY		Airbag					
		Ejected Ejection Path		I		Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			

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	Distracted By S	ource					
	Distracted By Action						
	Non Motorist Striking Unit#	Location					
	Prior Action						
	Action						
UNIT							
						1=	
	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			
2 🖁	Drug Type						
	Individual Condition						
	APPEARED NORMAL						