6TL0D7W155

22-00508

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/17/2022

Crash Time 05:33 PM

	Document Number Override	Primary Crash Document# Agency 22-005		,			estigating Officer/Deputy			
155	Crash Date 01/17/2022	Crash Time 05:33 PM	Date Ar	Date Arrived		Time	Time Arrived			
TL0D7W1	Date Notified 01/17/2022	Time Notified 05:33 PM	Total Ui	Total Units 01		Total	Total Injured Total Killed 00			
0	On Emergency H	it and Run Lane (Closure		rk Zone	-	Trailer or T	owed	Reporting Threshold	
1 <u>1</u> 9	Government Property	Active School Zone	School NO	Bus Relat	ed	Tags				
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	ľΥ		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location ——									
i	ON CTHP WB				Latitude			Longitud		
	594 FT W				43.590749976		-89.8495			
	OF LYNDON RD									
					X Coordin	ate	Y Coordi		inate	
	IN THE TOWN OF DELLONA	•		269967,21875				4830366		
	IN SAUK COUNTY				C+	T				
					Structure 7	гуре				
(Crash Scene									
1	First Harmful Event				FiretHarm	ful Event Lo	cation			
		LAL (ALIXE)					Cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROADWAY					
	Manner of Collision				Light Cond	dition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
ŀ	Road Surface Condition(s)				Roadway	Factor(s)				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				stoadway's actor(5)					
ŀ	Environment Factor(s)				1					
	2									
ŀ	Weather Condition(s)					1				
	Weather Condition(s)									
	Animal Tyro									
ŀ						Delekien Te Trefficuser				
	Animal Type DEER				Relation To Trafficway TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURIS		SDICTION			
İ	Tribal Land			Access Control				Special Study		
Į.	Unit Summary 💳									
	Unit Status		Vehicle Oper	cle Operating As Classification			Unit Type			
	IN TRANSIT			D CLASS		AUTOMOE		RII F		
				CEAGG						
10	Vehicle Type				Operating As Endorsements			ments		
0	(SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded Total # Citations Issued									
l	TotalOccs	Total # Citations Issued		t Total Tra		ailers Total Hazī		Mat Types		
	1			0		0		0		
l	Insurance?	Pre CrashTire		, Speed Lim		mit TotalLane		es		
<u>.</u>	YES	irection Of Travel Pre CrashTi /ESTBOUND Mark			,					
LIND	Most Harmful Event: Collision With Special			ecial Function			Emergency Motor Vehicle Use			
	NON DOMESTICATED ANIM	NO SPECIAL FUNCTION		TION		NOT APPLICABLE				
	Traffic Way					Traffic Control Inoperative/Missing				
	, and may	Traffic Control				Tranic Constormoperative/ivitissing				
	Surface Type	Road Curvati	Road Curvature				Road Grade			

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	Truc	k Bus or HazMat							
		License Plate Number 363FWZ		Plate Type AUT - AUTOMOBILE Make	St WI Year	Country of Issuance UNITED STATES			
5	VEHICLE 01	Vehicle Identification Number 1J8GL58K12W237338		JEEP	2002	Model CHEROKEE			
		Color BLU - BLUE		Body Style UT - SPORT UTILITY	Body Style Bus Use UT - SPORT UTILITY VEHICLE				
IN I		Initial Contact Point 12 - FRONT Extent Of Damage		Vehicle Damage					
		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other		_					
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
5	ġ								
٤	5	Ovider Name		Owner Address					
 <u> </u>		Policy Holder							
IN N		Insurance Company ERIE-INS-CO		Individual RICHARD PARCE					
	INDIVIDUAL	Individual Driver RICHARD ALLEN PARCE (608) 963-0752							
				Citations Issued 0	Sex MALE	.E			
_				Date of Birth	Race WHITE				
T N O				Drivert icense Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Ç.			Safety Equipment					
		Row Seat Position		SHOULDER & LAP BELT					
	001	HeimetUse		Heimet Compliance					
		Eye Protection		TintCompliance					
2		Injury Severity NO APPARENT INJURY Ejected Ejection Path		Airbag					
				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	•				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
	NAL						
UNIT	INDIVIDUAL						
	2						
		Action Other					To/From School
	1	Drug & Alcohol Suspected Alcoh	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	AlcoholTestType AlcoholTestResu			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
01	901	Drug Type					
	π.,						
		Individual Condition					
		APPEARED NORMAL					