# 6TL0D0GSJ5 22-01851

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/27/2022

Crash Time 05:30 AM

	Document Number Override	Primary Crash Document# Agency Crash Nu 22-01851				stigating Officer/Deputy					
5,5	Crash Date         Crash Time           02/27/2022         05:30 AM		Date Arrived		Time	Time Arrived					
068	Date Notified 02/27/2022	Time Notified 05:36 AM	Total Units 01		Total		Injured Total Killed 00				
6TL0D0G	On Emergency H	it and Run Lane (	Closure		rk Zone		Trailer or T	owed	Reporting  Threshold		
6TI	Government Property	Active School Zone	NO NO	Bus Relat	ed	Tags					
	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.										
Ī	_ocation										
ī	ON STH136 WB				1 atituda			Langitud	•		
	1011 FT N				Latitude 43.521718019			Longitud			
	OF JUNCTION RD				43.52171	18019	-89.952 Y Coordi 482298		157049		
		0.0			X Coordina	ate			nate		
	IN THE TOWN OF EXCELSION	UR			261414.8	3125			8		
	IN SAUK COUNTY										
				Structure Type NO STRUCTURE							
(	Crash Scene										
1	First Harmful Event				I =:						
						ful Event Lo	cation				
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY					
Ī	Manner of Collision				Light Condition						
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT			`						
ŀ	Road Surface Condition(s)				Roadway	Factor(e)					
	Road Surface Condition(s)				Nuadway	Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type				Relation To Trafficway						
	DEER Crash Classification - Location PUBLIC PROPERTY				TRAFFICWAY - ON ROAD						
ŀ					Crash Classification - Jurisdiction						
					NO SPECIAL JURIS Access Control						
ŀ	TribalLand			001011011				0			
	Tiparcand							Special Study			
L											
	Jnit Summary 💳										
	Unit Status		Vehicle Opera	ating As C	lassification		UnitType				
	IN TRANSIT			D CLASS		1 **		MOBILE			
01	Vehicle Type				Operating As Endorsements			nents			
0	(SPORT) UTILITY VEHICLE  Total Occs   Train/Bus#Recorded   Total#Citations Issued										
Ī	Total Occs	Total#Citations Issued 0		# Citations Issued   Total Traile  0    Pre CrashTire   Speed Lim  Mark		0		Mat Types			
	1										
ŀ	Insurance?							25			
	YES							.~			
LINO									-1-11-		
5	[ · · · · · · · · · · · · · · · · · · ·			Special Function		TION		Emergency Motor Vehicle Use			
· [	NON DOMESTICATED ANIM	TAL (ALIVE)	HO SEECIA	NO SPECIAL FUNCT		I tON		NOT APPLICABLE			
Ī	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing					
ŀ	Surface Type	Road Curvatu	ure				Road Grade				
	••										

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	Truc	Truck Bus or HazMat							
		<b>Vehicle</b> License Plate Number		l St	Country of Issuance				
	VEHICLE 01	ALU4546	Plate Type AUT - AUTOMOBILE	Wi	UNITED STATES				
2		Vehicle Identification Number 1GNSKJE75CR127834	Make CHEVROLET	Year 2012	Model SUBURBAN				
		Color StL - StLVER (ALUMINUM)	Body Style UT - SPORT UTILITY	VEHICLE	Bus Use				
TIN		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage  06 - REAR, 07 - LEFT	REAR CORNER	R, 11 - LEFT	7 8 9 10 11 5 12			
5		Extent Of Damage FUNCTIONAL DAMAGE	FRONT CORNER, 12 - FRONT						
		Towed Due To Damage NOT TOWED	Vehicle Removed By  OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
	Щ	Driver Actions NO CONTRIBUTING ACTION							
NS.	VEHICLE								
	7								
2	5	Owner Name	Owner Address						
TN N		Policy Holder Insurance Company	Individual						
5		AMERICAN-FAMILY-INS-CO	PAULA BRANDT						
	INDIVIDUAL								
		Driver BRACEN TIMOTHY BRANDT	Citations Issued  0	Sex MALE					
  -		(608) 495-9208	Date of Birth	Race WHITE					
N N		Address S3819 SCHNEIDER RD	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
		ROCK SPRINGS, WI 53961 , US							
	Sai	On Duty Crash <b>fety Equipment</b>	Safety Equipment						
	001	Row Seat Position	SHOULDER & LAP BELT						
		HelmetUse	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 Distracted By Source					
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
	JAL						
UNIT							
1	ONI						
		Action Other					To/From School
	Drug & Alcohol NO			Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type A			Alcohol Test Results	
Dr Ti		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results			
01	001	Drug Type					
		Individual Condition					
		APPEARED NORMAL					