6TL0CR2KRF 22-01810

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/25/2022

Crash Time 06:27 PM

	Document Number Override	Primary Crash Document#	t# Agency Crash Number 22-01810		ımber	nvestigating Officer/Deputy DEPUTY Z. DRILL				
R	Crash Date Crash Time 02/25/2022 06:27 PM		Date Arrived		Time	Time Arrived				
0CR2KR	Date Notified Time Notified 02/25/2022 06:29 PM		Total Units 01		Total		Ilnjured	Injured Total Killed 00		
ည	On Emergency	it and Run Lane (Closure		rk Zone	L	Trailer or T	owed	Reporting Threshold	
eTL	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.									
	Location									
Ī	ON STH113 NB				Latitude Longitude					
	1152 FT S				43.391271374		-89.675			
	OF HALWEG RD								991361	
	IN THE TOWN OF MERRIMA	v.c.		X Coc		X Coordinate		Y Coordinate		
					283268.9	0625	480774		4.5	
	IN SAUK COUNTY				Ctmucture	T. (20				
				Structure Type NO STRUCTURE						
(Crash Scene									
1	First Harmful Event				Te:					
						ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY				
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
ŀ					Roadway Factor(s)					
	Road Surface Condition(s)				Roadway	racioi(s)				
	Environment Factor(s)									
	Weather Condition(s)									
Ī	AnimalType					Relation To Trafficway				
	DEER Crash Classification - Location					TRAFFICWAY - ON ROAD				
ŀ					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			I						
					NO SPECIAL JURIS		SDICTION			
	Tribal Land				Access Control				Special Study	
	Unit Summary									
Ť	Unit Status		Vehicle Oper	ating As C	laccification		UnitType			
				Vehicle Operating As Classification			1 **			
	/			D CLASS				AUTOMOBILE		
_	Vehicle Type				Operating As Endorsements			nents		
01	PASSENGER CAR									
	Total Occs	Total#Citations Issued		TotalTrai		railers Total Hazî		Vat Types		
	Total Occs Train/Bus#Recorded									
	Insurance?	Direction Of Travel	1 16 Clasii i ii			Speed Lim		nit Total Lanes		
	YES NORTHBOUND									
LINO				ialFunction			Emergency Motor Vehicle Use		cle Use	
ب	NON DOMESTICATED ANIM	NO SPECIAL FUNCTIO		rion		NOT APPLICABLE				
}	Traffic Way	,	Traffic Contro	1			Traffic Control Inoperative/Missing			
	Hanic yvay			Traffic Control				Traine Construintoperative/ivissing		
	Curtana Tura-	<u> </u>				Bandonda				
	Surface Type	Road Curvature				Road Grade				

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	Truc	ck Bus or HazMat							
		Vehicle							
٦		License Plate Number		Plate Type	St	Country of Issuance	1		
		842JWX Vehicle Identification Number		AUT - AUTOMOBILE	WI Year	Model Model	<u> </u>		
	5	2A8GP64L27R322665		CHRYSLER	2007	TOWN & COU			
		Color		Body Style	'	Bustise			
	VEHICLE	BGE - BEIGE Initial Contact Point		VN - VAN	Vehicle Damage				
l⊨		12 - FRONT		7 8 9 10 11					
TINN	Ī	Extent Of Damage		O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1					
	3	DISABLING DAMAGE							
		Towed Due To Damage TOWED DUE TO DISABLIN	IG DAMAGE	Vehicle Removed By CRAIGS TOWING					
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions Control of the Contro							
_	Щ	NO CONTRIBUTING ACTION							
	NO CONTRIBUTING ACTION THE PROPERTY OF THE PR								
🗆	y								
		_		1					
		Owner Name: Owner Address							
2	5								
l⊨									
Ĭ N		Insurance Company PROGRESSIVE-UNIVERSA	AL-INSURANCE-COMP	Individual ROSS COPPER					
ĺ	DIVIDUAL								
		Driver		Citations Issued	Sex	ex			
		ROSS GLASGOW COPPER (608) 393-9104	HE	0 MALE Date of Birth Race					
_			Date of Birth	WHITE					
ş	ቜ	Address		Driver License Number					
-	Z	710 S PRESTON AVE # 104 REEDSBURG, WI 53959 , US On Duty Crash		STATE: WISCONSIN COUNTRY: UNITED STATES					
				Safety Equipment					
	Sa	ety Equipment							
		Row	Seat Position	SHOULDER & LAP	RELI				
		Helmet Use		Heimet Compliance					
		Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance Airbag					
-	Ξ.								
01	8								
						Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			

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		Distracted By Source	œ					
		Distracted By						
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action						
		Action						
	_							
<u></u>	INDIWIBUAL							
UNIT	VII							
_	9							
		Action Other					To/From School	
		Suspected Alcohol Use Suspected Drug Use						
	I	Drug & Alcohol NO	NO					
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN Drug Test Type			Drug Test Results			
01	001	Drug Type	•					
_	0							
		Individual Condition						
		APPEARED NORMAL						