6TL0B3P3HS sc22-03683

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 04/23/2022

Crash Time 03:00 AM

	Document Number Override	Primary Crash Document#	Document# Agency Crash Nu SC22-03683				stigating Officer/Deputy UTY J. GREENWOOD			
3HS	Crash Date Crash Time 04/23/2022 03:00 AM		Date Arrived		Time	Time Arrived				
3P3	Date Notified Time Notified 04/23/2022 03:25 AM		Total Units 01		Total 00		Injured Total Killed 00			
TL0B	On Emergency H	On Emergency Hit and Run Lane Closure W			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.									
	_ocation									
	ON CTHPF WB				Latitude			Longitud	9	
	889 FT W				43.300762104		-89.848			
	OF HART LN								4 14502	
	IN THE TOWN OF HONEY CREEK IN SAUK COUNTY				X Coordina 268960.2			Y Coordinate 4798155		
					Structure Type NO STRUCTURE					
	Crash Scene				•					
,										
	First Harmful Event				FirstHarm	ıful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY				
ŀ	Manner of Collision	· · · ·			Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT			Eight Condition					
		CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway Factor(s)					
	Environment Factor(s)									
Ī	Weather Condition(s)					1				
	Animal Type									
ľ					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
}										
	Crash Classification - Location			I						
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control						
	Tribal Land							Special Study		
Ī	Jnit Summary									
ì	Unit Status		L Vahiela Oper	ating As C	laccification		1 Init Tuna			
				Vehicle Operating As Classification			UnitType			
	112 112 11211			D CLASS				AUTOMOBILE		
_ [Vehicle Type				Operating As Endorsements			ments		
01	PASSENGER CAR									
ŀ	TotalOccs	Total#Citations Issued		Total Trail		0		Vat Types		
	1							**		
ŀ								_	TotalLanes	
,	YES YES	WESTBOUND	Pre CrashTire Mark			, Speedin		in Total Laires		
LINO							I Emergency Motor Vehicle Line			
Í I	Most Harmful Event: Collision Wit	Special Function		TION		Emergency Motor Vehicle Use NOT APPLICABLE				
_	NON DOMESTICATED ANIM	NO SPECIAL FUNCT		I tON						
ľ	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
ļ	Surface Type	Road Curvature				Road Grade				

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	Truc	Truck Bus or HazMat							
		Vehicle			Townstand				
	VEHICLE 01	License Plate Number AKN8031	Plate Type AUT - AUTOMOBILE	St WI	Country of issuance UNITED STATES				
2		Vehicle Identification Number 1ZVFT80N565174750	Make FORD	Year 2006	Model MUSTANG				
		Color WHI - WHITE	Body Style CP - COUPE	•	Bus Use	Bus Use			
 ∟		Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage			7 8 9 10 N			
TINN N		Extent Of Damage MINOR DAMAGE	01 - RIGHT FRONT C	ORNER	5, 4 3, 2 1				
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
	111	Driver Actions NO CONTRIBUTING ACTION							
TIN	VEHICLE								
	ÿ								
		OwnerName	Owner Address						
2	5								
 ⊢		Policy Holder							
N L		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual DEAKIN LUETKENS						
	INDIVIDUAL								
		Driver DEAKIN DOWARD LUETKENS	Citations Issued 0	Sex MALE					
 -		(608) 370-3842	Date of Birth	Race WHITE					
P N		Address E11062 CENTER RD	Driver License Number	Driver License Number					
		NORTH FREEDOM, WI 53951 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash ety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
		HelmetUse	Heimet Compliance						
	100	Eye Protection	Tint Compliance						
2		Injury Severity NO APPARENT INJURY	Airbag						
		Ejected 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 Source	Ð				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
	J						
,	3						
UNIT	INDIWIDUAL						
5	2						
	9						
		Action Other					To/From School
		Action Other					10/FIOIII SCHOOL
		Supported Alcoholis	ino.	Suspected Drug Use			
	1	Drug & Alcohol Suspected Alcohol C	NO				
		Alcohol Test Given				Alcohol Test Results	
		TEST NOT GIVEN					
			Drug Test Type		Drug Test Results		
		Drug Test Given TEST NOT GIVEN			Diag restrictions		
_	_	Drug Type	l		l		
01	8						
		Individual Condition					
		APPEARED NORMAL					