

6TL0CR2KRK  
22-03707

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0CR2KRK

Document Number Override		Primary Crash Document#		Agency Crash Number <b>SC22-03707</b>		Investigating Officer/Deputy <b>DEPUTY Z. DRILL</b>	
Crash Date <b>04/23/2022</b>		Crash Time <b>08:43 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>04/23/2022</b>		Time Notified <b>08:45 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

<b>ON USH12 WB 0.75 MI N OF GROTH RD IN THE TOWN OF SUMPTER IN SAUK COUNTY</b>	Latitude <b>43.391107405</b>	Longitude <b>-89.768941852</b>
	X Coordinate <b>275739.84375</b>	Y Coordinate <b>4807972.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

Unit Summary

<b>01 UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way			Traffic Control		Traffic Control Inoperative/Missing
	Surface Type			Road Curvature		Road Grade

6TL0CR2KRK

22-03707

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Truck Bus or HazMat				
<b>Vehicle</b>				
01 UNIT VEHICLE 01	License Plate Number	Plate Type	St	Country of Issuance
	853YUJ	AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	1GNUKBE00AR191357	CHEVROLET	2010	TAH
	Color	Body Style	Bus Use	
	BLK - BLACK	4D - 4DR		
	Initial Contact Point	Vehicle Damage		
	01 - RIGHT FRONT CORNER	01 - RIGHT FRONT CORNER, 03 - RIGHT SIDE MIDDLE		
	Extent Of Damage	FUNCTIONAL DAMAGE		
	Towed Due To Damage	Vehicle Removed By		
NOT TOWED	OWNER			
What Driver Was Doing	Vehicle Factors			
Driver Prior Action Other				
Driver Actions	NO CONTRIBUTING ACTION			
Owner Name	Owner Address			
<b>Policy Holder</b>				
Insurance Company	Individual			
GEICO-GENERAL-INS-CO	ROBERT FUNMAKER			
<b>Individual</b>				
Driver	Citations Issued	Sex		
ROBERT LOUIS FUNMAKER (608) 408-7723	0	MALE		
	Date of Birth	Race		
		AMERICAN INDIAN OR ALASKAN NATIVE		
Address	Driver License Number			
W2385 RAEDEL LN WISCONSIN DELLS, WI 53965 , US	STATE: WISCONSIN COUNTRY: UNITED STATES			
<b>Safety Equipment</b>		On Duty Crash		
		Safety Equipment		
Row	Seat Position	SHOULDER & LAP BELT		
Helmet Use	Helmet Compliance			
Eye Protection	Tint Compliance			
01 UNIT INDIVIDUAL 001	<b>Injury</b>	Injury Severity	Airbag	
		NO APPARENT INJURY		
	Ejected	Ejection Path	Trapped/Extricated	
Medical Transport	EMS Agency Identifier		EMS Run#	
NOT TRANSPORTED				
Hospital	Date of Death		Time of Death	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT INDIVIDUAL          01 001</b>	<b>Distracted By</b> Distracted By Source	
	Distracted By Action	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>
		Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
Drug Type		
Individual Condition <b>APPEARED NORMAL</b>		