6TL0C9H5LQ 22-05054

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/31/2022

Crash Time 08:27 PM

| | Document Number Override Primary Crash Document | | , , | # Agency Crash Nu 22-05054 | | | | stigating Officer/Deputy PUTY M. TATE | | | | |
|-----------|--|-------------------------------|------------|-------------------------------|-------------------------------------|----------------------|---------------------------------------|---------------------------------------|-----------------------------------|---------------------|--|--|
| g | Crash Date Crash Time 05/31/2022 08:27 PM | | Di | Date Arrived | | Time | Time Arrived | | | | | |
| 5 | Date Notified | Time Notified | To | otal Units | | | Total | Injured | Total Killed | | | |
| <u> 등</u> | 05/31/2022 | 08:28 PM | 0, | 1 | | | 00 | 1 ' 1 | | 00 | | |
| ပ္ပု | On Emergency Hit and Run Lane | | ne Closure | Closure Wo | | rk Zone | | railer or Towed | | Reporting Threshold | | |
| 6TL0C9H5L | Government Active School Zone | | | School Bus Related NO | | | Tags | ags | | | | |
| | ▼ Reportable | Crash Type NON-DOMESTICATE | ED ANIMAL | W/ NO I | NJUR | Y | | mended | | Secondary Crash | | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | | |
| | Location —— | | | | | | | | | | | |
| Ī | ON USH12 WB | | | | | Latitude | | | Longitud | • | | |
| | 792 FT S | | | | 43.567539511 | | | | | | | |
| | OF RAMP IH90 WB | | | 43.307339311 | | 9311 | | | -89.778349606 | | | |
| | IN THE TOWN OF DELTON | | | | | X Coordina | ate | | Y Coordinate | | | |
| | | | | 275632.1875 | | | 875 | 4827 | | 27593 | | |
| | IN SAUK COUNTY | | | | | Cturatura | T | | | | | |
| | | | | | | | Structure Type NO STRUCTURE | | | | | |
| 1 | Crash Scene | | | | | | | | | | | |
| , | | | | | | | | | | | | |
| | First Harmful Event | | | | | FirstHarm | ful Event Lo | cation | | | | |
| | NON DOMESTICATED ANIM | AL (ALIVE) | | | | ON ROADWAY | | | | | | |
| | Manner of Collision | | | | | Light Condition | | | | | | |
| | 00 - NO COLLISION W/VEHI | CLE IN TRANSPORT | | | | Light Containers | | | | | | |
| ŀ | Road Surface Condition(s) | | | | | Roadway | Factor(s) | | | | | |
| | A CONTROL OF THE CONT | | | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | | | |
| | Weather Condition(s) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ı | Animal Type | | | | | | Relation To Trafficway | | | | | |
| | DEER | | | | | TRAFFICWAY - ON ROAD | | | | | | |
| ŀ | Crash Classification - Location | | | | Crash Classification - Jurisdiction | | | | | | | |
| | PUBLIC PROPERTY | | | | | | SDICTION | | | | | |
| | TribalLand | | | | | Access Control | | | | Special Study | | |
| ļ | | | | | | | | | | | | |
| | Unit Summary - | | | | | | | | | | | |
| | Unit Status Vehicle Operating | | | | g As C | assification | · · · · · · · · · · · · · · · · · · · | Unit Type | | | | |
| | IN TRANSIT | | | D CLASS | | | | AUTOMOBILE | | | | |
| 1 | Vehicle Type | | | | | Operating A | | | As Endorsements | | | |
| 01 | PASSENGER VAN | | | | | | | oporounty. | 10 21100.001 | 1101110 | | |
| | <u>-</u> | | | | | | I Total Trail | | llers Total HazMat Types | | | |
| | Total Occs | Hain/bus#Recoided | 0 | Total#Citations Issued 0 | | 0 | | railers Total Ha | | viat i ypes | | |
| | | Direction Of Travel | F | Pre CrashTire | | Speed Lir | | nit Total Lane: | | es | | |
| LIND | YES WESTBOUND Most Harmful Event: Collision With | | | Mark Special Function | | | | Emergency Motor Vehicle Use | | | | |
| 5 | NON DOMESTICATED ANIMAL (ALIVE) | | | NO SPECIAL FUNCTION | | | ON NOT APPL | | | | | |
| | Traffic Way | | | Traffic Control | | | Traff | | affic Control Inoperative/Missing | | | |
| | Surface Type | | | Road Curvature | | | | Road Grade | | | | |
| | | | | WORK OR FRING | | | | 7.554 5.545 | | | | |

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| | Truc | ck Bus or HazMat | | | | | | | |
|--------------|----------|--|---------------|---|---------------|---------------------|---|--|--|
| | | Vehicle | | 000000000000000000000000000000000000000 | | | | | |
| 10 | | License Plate Number DRT326 | | Plate Type | St IA | Country of Issuance | • | | |
| | 5 | Vehicle Identification Number 5TDYZ3DC0HS866143 | | Make TOYOTA | Year 2017 | Model TOYOTA | | | |
| | VEHICLE | Color GRY - GRAY | | Body Style SN - SNOWMOBILE | | Bus Use | | | |
| - | | Initial Contact Point 12 - FRONT | | Vehicle Damage | | | | | |
| INN | | Extent Of Damage DISABLING DAMAGE | | | | | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By CRAIGS TOWING | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | | Driver Prior Action Other | | | | | | | |
| | ш | Driver Actions NO CONTRIBUTING ACTION | | | | | | | |
| HND | VEHICLE | | | | | | | | |
| | 3 | | | | | | | | |
| _ | | Owner Name Owner Address | | | | | | | |
| 2 | 5 | | | | | | | | |
| _⊨ | | Policy Holder | | | | | | | |
| Ĭ N | | Insurance Company AUTO-CLUB-GROUP-INS-CO | | Individual CHRISTOPHER GI | BSON | | | | |
| | DIVIDUAL | Individual | | | | | | | |
| | | Driver CHRISTOPHER MARK GIBSON (319) 651-9934 | | Citations Issued 0 | 0 MALE | | | | |
| E | | (510,001,0001 | | Date of Birth | Race WHITE | | | | |
| Ş | 8 | Address 285 N 16TH AVE HIAWATHA, IA 52233 , US | | Driver License Number | | | | | |
| | Z | | | STATE: IOWA COUNTRY: UNITED STATES | | | | | |
| | Sa | On Duty Crash fety Equipment | | Safety Equipment | | | | | |
| | | Row | Seat Position | SHOULDER & LAF | PBELT | | | | |
| | 100 | Helmet Use | | Heimet Compliance | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| 10 | | Injury Severity NO APPARENT INJURY | | Airbag | | | | | |
| | | Ejection Path | | - | | Trapped/Extricated | | | |
| | | Medical Transport | | EMS Agency Identifier | ſ | EMS Run# | | | |
| | | NOT TRANSPORTED Hospital | | Date of Death | | Time of Death | | | |
| | | 1 toopset | | | | | | | |

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| | | Distracted By Sou | rce | | | | | | |
|------|------------|--------------------------------|-------------------|--------------------|------------------|--|----------------|--|--|
| | | Distracted By | | | | | | | |
| | | Distracted By Action | | | | | | | |
| | | | T | | | | | | |
| | | Non Motorist Striking Unit# | Location | | | | | | |
| | | Prior Action | | | | | | | |
| | | Action | | | | | | | |
| | J | | | | | | | | |
| | INDIWIBUAL | | | | | | | | |
| UNIT | MIC | | | | | | | | |
| | N | | | | | | | | |
| | | | | | | | | | |
| | | Action Other | | | | | To/From School | | |
| | | Supported Alach | al i la a | Suspected Drug Use | | | | | |
| | I | Drug & Alcohol NO | NO | | | | | | |
| | | Alcohol Test Given | Alcohol Test Type | • | Alcohol Test Res | | | | |
| | | TEST NOT GIVEN | Drug Test Type | | I = | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Results | | | | | |
| 01 | 001 | Drug Type | • | | • | | | | |
| | 0 | | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NORMAL | | | | | | | |
| | | | | | | | | | |