6TL0D0GSJN 22-05919

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/23/2022

Crash Time 06:06 AM

	DocumentNumber Override Primary Crash Document#			Agency Crash Number 22-05919		- I	Investigating Officer/Deputy DEPUTY G. AKERS			
<u>Z</u>	Crash Date Crash Time 06/23/2022 06:06 AM		Date Arrived		Time	Time Arrived				
etlodogsjn	Date Notified 06/23/2022	Time Notified 06:06 AM	Total Ui	Total Units 01		Total	Total Injured Total Killed 00		1	
Ö	On Emergency	it and Run Lane (ane Closure Wo		rk Zone		railer or Towed		Reporting Threshold	
6TL	Government Property	NO NO	l l		Tags	ags				
	Reportable	ANIMAL W/ NO INJURY			Amended		Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location ——									
	ON STH130 NB				Latitude			Longitud	Φ.	
	730 FT W				43.394297162		-90.15448			
	OF SANDUSKY RD									
	IN THE TOWN OF WASHING	TON			X Coordina	ate	Y Coordi 480943		inate	
		31014			244525.7	1875			6.5	
	IN SAUK COUNTY				Structure 7	T. (20				
					NO STRU					
(Crash Scene									
1	First Harmful Event				Te:		43			
					I	ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY				
Ì	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
ŀ					Deeduses	F+V-\				
	Road Surface Condition(s)				Roadway	racion(s)				
	Environment Factor(s)									
	Weather Condition(s)					1				
ŀ	Animal Type					Relation To Trafficway				
					TRAFFICWAY - ON ROAD					
	DEER									
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				Access Control					
Ī	Tribal Land								Special Study	
	Init Cummon.				l					
	Unit Summary									
	Unit Status Veh			Vehicle Operating As Classification			UnitType			
	IN TRANSIT	D CLASS				AUTOMOBILE				
ŀ	Vehicle Type						Operating As Endorsements			
01	(SPORT) UTILITY VEHICLE									
_	, , , , , , , , , , , , , , , , , , , ,					I =		I =	.	
	Total Occs Train/Bus#Recorded		Total#Citatio	ins issued					viat i ypes	
	1	0		0		0				
Ī	Insurance?	ance? Direction Of Travel Pre			Pre CrashTire Speed Lin			mit Total Lanes		
<u>, </u>	YES NORTHBOUND			Mark						
LINO	Most Harmful Event: Collision With Special Fund							Emergency Motor Vehicle Use		
-	NON DOMESTICATED ANIM	NO SPECIAL FUNC		TION		NOT APPLICABLE				
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type		Road Curvature		-			Road Grade		

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I	Truck Bus or HazMat									
	1100	M Bobot Fisher								
	VEHICLE 01	Vehicle License Plate Number APL8939		Plate Type	St WI	Country of issuance UNITED STATES				
5		Vehicle Identification Number 1FMCU9GD2HUE55740		Make FORD	Year 2017	Model ECP				
		Color WHI - WHITE		Body Style UT - SPORT UTILIT	Y VEHICLE	Bus Use	lus Use			
INI		Initial Contact Point 12 - FRONT		Vehicle Damage	7 8 9 10 11					
		Extent Of Damage DISABLING DAMAGE		O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 8 2 1						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By ARNESON SERVICE						
		What Driver Was Doing		Vehicle Factors	Vehicle Factors					
		Driver Prior Action Other								
	щ	Driver Actions NO CONTRIBUTING ACTION								
N N	VEHICLE									
٤	5	OwnerName		Owner Address						
_										
l⊨		Policy Holder								
IN IN		Insurance Company PROGRESSIVE-CASUAL	TY-INS-CO	Individual CASEY OWEN						
	DIMIDITAL	Individual Driver CASEY R OWEN (920) 723-4437								
				Citations issued 0	Sex MALE	LE				
╘		(920) 123-4431		Date of Birth	Race WHITE	r E				
E S		HILL POINT, WI 53937 , US On Duty Crash Cafety Equipment			Drivert icense Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai			Safety Equipment SHOULDER & LAP BELT						
		Row Seat Position		Heimet Compliance						
	100	Helmet Use Eye Protection		Tint Compliance						
_		Injury Severity		Airbag						
10		INJURY NO APPARENT INJURY Ejected Ejection Path			Trapped/Extricated					
		Medical Transport		EMS Agency Identifie	er .	EMS Run#				
		NOT TRANSPORTED Hospital		Date of Death		Time of Death				
		· · · · · · · · · · · · · · · · · · ·		54.5 5. 554.6		i inic ot Sodas				

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		Distracted By	d By Source	e					
		Distracted By Action							
		Non Motorist Striking &	Jnit#	Location					
		Prior Action							
		Action							
	UAL								
TINO	NDWIDUAL								
_	IND								
		Action Other						To/From School	
	Drug & Alcohol NO				Suspected Drug Use NO				
				Alcohol Test Type	AlcoholTestType AlcoholTes			est Results	
		Drug Test Given Drug Test T		Drug Test Type	Drug Test Result		S		
01	0001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							