6TL0CVRP4C 22-06132

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/28/2022

Crash Time 09:00 PM

	Document Number Override	Primary Crash Document# Agency Crash Nul 22-06132				stigating Officer/Deputy CEANT B. LUBER				
4C	06/28/2022 09:00 PM		Date Arrived		Time	Time Arrived				
6TL0CVRP	Date Notified 06/28/2022	Time Notified 09:10 PM	Total Ui 01			Tota 00	Total Injured Total Killed 00		ł	
5	On Emergency	it and Run Lane (Closure		rk Zone	<u></u>	Trailer or T	owed	Reporting Threshold	
6TL	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 ——									
- 1	ON USH12 EB				Latitude			Longitud	Φ.	
	1.40 MI S				43.400198259		_		599331	
	OF USH12 EB					X Coordinate				
	IN THE TOWN OF SUMPTER	>						Y Coord		
	IN SAUK COUNTY	`			275477.1	875	480899		2	
	IN SAUK COUNT				Structure 7	Type				
					Circolare	, ,,,,				
l.	O									
,	Crash Scene									
	First Harmful Event				First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (DEAD)			ON ROA	DWAY				
ŀ	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT			Liginioun					
ŀ	Road Surface Condition(s)				Roadway Factor(s)					
	Road Surface Condition(s)				induways actor(s)					
	Environment Factor(s)									
	Weather Condition(s)			-						
ŀ	AnimalType				Relation To Trafficway					
	DEER Crash Classification - Location				TRAFFICWAY - ON ROAD					
ŀ					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control						
	Tribal Land							Special Study		
l I	Unit Summary				l					
			I Valeiala Onas	-ti A - C	1:::::-		Lecor			
				Vehicle Operating As Classification			UnitType			
	IN TRANSIT			D CLASS				AUTOMOBILE		
_ [Vehicle Type				Operating As Endorsements			ments		
01	(SPORT) UTILITY VEHICLE									
	Total Occs	Total#Citatio	Total#Citations Issued		Total Trai		Total Hazi	MatTypes		
	1	Train/Bus#Recorded	0		0		0			
	Insurance?	Direction Of Travel Pre CrashT			Speed Lin		nit Total Lanes		es	
⊢	YES	EASTBOUND Mark			´ `					
LIND	Most Harmful Event: Collision Wit NON DOMESTICATED ANIM		Special Function NO SPECIAL FUNCTION		<u> </u>	Emergency Motor Vehicle UNOT APPLICABLE		icle Use		
	Traffic Way	Traffic Control			Traffic Control Inoperative/Missing					
	Surface Type	Road Curvature			Road Grade					

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	Truc	ck Bus or HazMat					· ·		
	STREET	Vehicle	NAMES OF THE PROPERTY OF THE P						
		License Plate Number		Plate Type	St	Country of Issuance			
UNIT 01		ADP8167		AUT - AUTOMOBILE	Wi	UNITED STATES	3		
	5	Vehicle Identification Number 1J4HR58NX6C159387		Make JEEP	Year 2006	Model GRAND CHER			
		Color DGR - GREEN, DARK		Body Style Bus Use LL - CARRYALL					
	4	Initial Contact Point		Vehicle Damage 7, 8, 9, 10, 10					
	VEHIC	01 - RIGHT FRONT CORNER Extent Of Damage DISABLING DAMAGE		O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT S DE CORNER, 12 - FRONT S 4 8 2 1					
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING					
		What Driver Was Doing		Vehicle Factors					
	- The state of the								
		Driver Prior Action Other							
		Driver Actions							
┖	1	NO CONTRIBUTING ACTION							
NS.	¥								
>	VEHOLE								
		OwnerName		Owner Address					
2	5								
<u> </u>		Policy Holder							
H		Insurance Company		Individual					
-		PROGRESSIVE-CLASSIC-II	NS-CO	TRAVIS LINDSAY					
				I Chiling to the control of the cont					
		Driver TRAVIS JOHN LINDSAY (608) 558-5783		Citations Issued Sex 0 MALE					
	3			Date of Birth Race					
5	DIVIDUA				WHITE				
Ę	ā	Address 1424 14TH AVE MONROE, Wt 53566 , US		Driver License Number					
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES					
				Code (Code)					
	Sai	fety Equipment		Safety Equipment					
		Row	Seat Position	SHOULDER & LAP	BELT				
01		11.2		11.1.45					
		Helmet Use		Helmet Compliance					
		Eye Protection		TintCompliance					
	_			Airbag					
	8	Injury NO APPARENT INJURY							
		Ejected Ejection Path				Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		B. (13)					
		Hospital		Date of Death		Time of Death			

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		Distracted By Source	æ					
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action Prior Action						
		Action						
	7							
<u>.</u>	9							
UNIT	INDIWIDUAL							
	Ź.							
	Z							
	_							
		Action Other					To/From School	
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO						
	į	Drug & Alcohol No	NO					
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN						
		Drug Test Given Drug Test*		e Drug Test Result		5		
		TEŠT NOT GIVEN			-			
_	~	Drug Type	1					
01	8	3 7.						
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORWAL						