# 6TL0D6N03H 22-10894

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Document#			Agency Crash Number 22-10894			Investigating Officer/Deputy DEPUTY B. STODDARD			
3H	Crash Date 11/01/2022	Crash Time 06:13 AM	Date Arrived		Time Arrived		Arrived			
6TL0D6N03H	Date Notified         Time Notified           11/01/2022         06:13 AM		Total Units 01		Total		· 1	Injured Total Killed 00		
0	On Emergency Hi	t and Run Lane C	Closure		Work Zone		Trailer or Towed		Reporting  Threshold	
6T	Government Property	NO NO	School Bus Related NO		Tags	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 <b>———</b>									
	ON STH33 WB				Latitude			Longitud	e	
	1269 FT E			<b>I</b>		43.523819867		-89.832		
	OF MIRROR LAKE RD				X Coordinate 271061.96875		Y Coordi <b>482288</b>		linate	
	IN THE TOWN OF DELTON									
	IN SAUK COUNTY							4022000		
					Structure Type					
	Crash Scene									
,					I =:					
	First Harmful Event						ent Location			
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROADWAY				
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIC	LE IN TRANSPORT								
	Road Surface Condition(s)		Roadwa		Roadway	Factor(s)				
}	Environment Factor(s)				-					
	Environment Factor(s)									
ŀ	Weather Condition(s)				1					
	weather continuon(s)									
İ	Animal Type				Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD				
	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURIS Access Control		SDICTION			
	Tribal Land						Special Study			
L										
Į	Unit Summary									
	Unit Status Vehicle Operating As 0				lassification Unit Type					
				D CLASS			TRUCK			
ŀ	Vehicle Type					Operating As Endorsements				
01	UTILITY TRUCK/PICKUP TRUCK						-,			
ŀ	<u> </u>			#Citations Issued Tot		Total Trails	talTrailers 1		Total HazMat Types	
	1	, 10,11,200 ;; 110001404	0		ed lotal		ar rianers (			
ŀ		Direction Of Travel	Pre CrashTire		Speed Lim	Speed Limit		TotalLanes		
	YES	/ESTBOUND		Mark						
LINO	Most Harmful Event: Collision With	Special Function		TION		Emergency Motor Vehicle Use				
_	NON DOMESTICATED ANIM	NO SPECIAL FUNCTION		HUN		NOT APPLICABLE				
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type	Road Curvature				Road Grade				
		NOBA ORIVARIE				7,000,01000				

Wisconsin Motor Vehicle Crash Form DT4000 Crash Date 11/01/2022
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l	Truc	ck Bus or HazMat							
UNIT 01		License Plate Number		Plate Type	St	Country of Issuance			
		PY4093  Vehicle Identification Number		Make LTK - LIGHT TRUCK	Wi Year	Model Model	1		
	5	1FTFW1E52MFA03343		FORD	2021	F150			
		Color		Body Style		Bus Use			
	VEHICLE	GRY - GRAY		PK - PICKUP					
		Initial Contact Point 12 - FRONT		Vehicle Damage					
	<b>≅</b>	Extent Of Damage		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT  Vehicle Removed By					
	Ū	DISABLING DAMAGE							
		Towed Due To Damage							
		TOWED DUE TO DISABLI	NG DAMAGE	CRAIGS TOWING					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
		Sitter to result of the second							
		Driver Actions Control of the Contro							
	3	NO CONTRIBUTING ACTION							
	VEHICLE								
>	Ū								
		Owner Name		Owner Address					
2	5								
		Policy Holder		1					
\ N	Policy Holder Insurance Company Individual								
5		GE!CO-CASUALTY-CO		ROBERT MEYER					
		Individual							
		Driver ROBERT GUY MEYER		Citations Issued	Sex				
	3	(414) 588-8550		O Server of Direct					
_	3			Date of Birth	Race WHITE				
ş	DIMIDITA	Address		Driver License Alumber					
-	2	1060 LAKE ST BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
				DIAZE. MODULON CONTRA. ORTED CIATES					
				Safety Equipment					
	Sa	fety Equipment		Outery Equipment					
		Row	SeatPosition	SHOULDER & LAP I	BELT				
		HelmetUse		Heimet Compliance					
		Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance					
10	100			Airbag					
"	9								
						Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		, , , , , , , , , , , , , , , , , , , ,					
		Hospital		Date of Death		Time of Death			
	783 SHE			1					

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							• •
		Distracted By Source	e				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
_	A						
UNIT	INDIVIDUAL						
	7						
		Action Other					To/From School
	l	Drug & Alcohol Suspected Alcohol to NO	Suspected Drug Use NO	•			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Type Alcohol Test Resul			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
01	9	Drug Type	1				
		Individual Condition					
		APPEARED NORMAL					
		Individual Condition  APPEARED NORMAL					