6TL0D7W15R

22-11200

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/08/2022

Crash Time 07:08 PM

	Document Number Override	Primary Crash Documen 6TL0D7W15Q	,	Agency Crash Number 22-11200			Investigating Officer/Deputy DEPUTY K. MUELLER				
5R	Crash Date		Di	Date Arrived		Time	Time Arrived				
%	Date Notified 11/08/2022	Time Notified 07:08 PM		Total Units			Total Injured		Total Killed		
6TL0D7W1	On Emergency Hit and Run Lane		ne Closure	osure Work Zo		k Zone	-	Trailer or To		Reporting Threshold	
3T	Government Property	Active School Zo		chool Bus O	s Relate	ed	Tags				
	Crash Type NON-DOMESTICATED A			NIMAL W/ NO INJURY				Amended		Secondary Crash	
	i, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
i	Location 										
j	ON LINN ST/ STH136 EB					1 -4241-			1	_	
	0.39 MI E					Latitude		Longitud			
						43.480680156		-89.795		343334	
	OF RAVEN ACRES DR	_				X Coordina	ate		Y Coordi	nate	
	IN THE TOWN OF BARABOO	ט				273935.4	0625	4817992		2	
	IN SAUK COUNTY										
						Structure 7	i ype				
	Crash Scene										
,											
	First Harmful Event						ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (DEAD)				ON ROA	DWAY				
1	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT									
ŀ	Road Surface Condition(s)					Doodway	Eactor(s)				
	Toda Contace Contamon(s)					Roadway Factor(s)					
ŀ	F										
	Environment Factor(s)										
	Weather Condition(s)										
	· · · · -										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
l	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPEC	CIAL JURI	SDICTION			
ŀ	Tribal Land				Access Control				Special Study		
							,,,,,,,,			0,000,010,0100,	
l											
	Unit Summary										
	Unit Status Vehicle O			e Operating As Classification				UnitType			
				D CLASS				AUTOMOBILE			
-	Vehicle Type					Operating As Endorsements			nente		
01	PASSENGER VAN					opolasing no Endorsonions					
	Total Occs		I	Total # Citations Issued O Pre CrashTire		0		0		Vlat Types	
			0								
l			F							es	
_	YES	EASTBOUND		Mark		· '					
L N				Special Function			<u> </u>	Emergency Motor Vehicle Use			
ゴー				NO SPECIAL FUNC		TION		NOT APPLICABLE			
	NON DOMESTICATED ANIMAL (DEAD)										
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	Surface Type			Road Curvature				Road Grade			

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	Truc	ck Bus or HazMat								
		Vehicle	namanananananananananan	1505015015015015015015015015015015015	100100100100100100100100					
10		License Plate Number		Plate Type	St	Country of Issuance				
		AMK8684 Vehicle Identification Number		AUT - AUTOMOBILE Make	Wi Year	UNITED STATES Model	•			
	5	2C4RDGBG0GR143156		DODGE	2016	GRAND CARA				
		Color BLU - BLUE		Body Style VN - VAN	·	Bus Use	Bus Use			
	ш	Initial Contact Point		Vehicle Damage						
l⊨	ō	12 - FRONT		7 8 9 10 11 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE 5 4 3 2 1						
TINN	VEHICLE	Extent Of Damage DISABLING DAMAGE								
	7	Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABL	ING DAMAGE	CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
	Driver Prior Action Other									
		Driver Actions NO CONTRIBUTING ACTION								
⊨	VEHICLE	The service rate rate rate rate rate rate rate rat								
	Ī									
	7									
		OwnerName		OwnerAddress						
2	5									
١.		Policy Holder								
¥		Insurance Company		Individual						
_		PROGRESSIVE-CLASSIC-INS-CO		BRENT WASHBURN						
		Individual Driver		Citations issued Sex						
		BRENT CHARLES WASHBURN		0						
	3	(608) 547-0287		Date of Birth	Date of Birth Race WHITE					
Ş	DIMIDUA	Address		Driver License Number						
ן⊃		S7559 US HWY 12 APT D4 NORTH FREEDOM, WI 53951 , US		STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment						
	Z									
	Sai	fety Equipment								
		Row	Seat Position	SHOULDER & LAP	& LAP BELT					
		Helmet Use		Helmet Compliance						
		Eye Protection		TintCompliance						
_	<u>. </u>			Airbag						
01	5	Injury NO APPARENT INJURY								
		Ejection Path				Trapped/Extricated				
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				

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						• •		
	Distracted By	By Source						
	Distracted By Action							
	Non Motorist Striking Ur	it# Location						
	Prior Action							
	Action							
UNIT								
5								
_								
	Action Other					To/From School		
	Drug & Alcohol NO	Suspected Drug Use NO	•					
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results			
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results				
2	Drug Type							
	Individual Condition							
	APPEARED NORMAL							