

6TL0D1PTMT  
22-12166

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override	Primary Crash Document #	Agency Crash Number <b>22-12166</b>	Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>12/06/2022</b>	Crash Time <b>03:54 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>12/06/2022</b>	Time Notified <b>03:54 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.				

Location

<b>ON CTHA SB 40 FT N OF INDIAN TRAIL PKWY IN THE TOWN OF DELTON IN SAUK COUNTY</b>	Latitude <b>43.58312189</b>	Longitude <b>-89.737830074</b>
	X Coordinate <b>278961.5625</b>	Y Coordinate <b>4829215</b>
	Structure Type	

Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>		
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

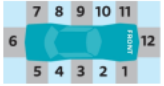
Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing
	Surface Type		Road Curvature		Road Grade

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		Truck Bus or HazMat					
UNIT 01	VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>876EAL</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1HGCM55766A002375</b>		Make <b>HONDA</b>	Year <b>2006</b>	Model <b>ACCORD</b>	
		Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>4D - 4DR</b>		Bus Use	
		Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>12 - FRONT</b>			
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
		What Driver Was Doing		Vehicle Factors			
		Driver Prior Action Other					
		Driver Actions <b>NO CONTRIBUTING ACTION</b>					
UNIT 01	VEHICLE	Owner Name		Owner Address			
UNIT 01	INDIVIDUAL	<b>Policy Holder</b>					
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>JOHN FULLER</b>			
UNIT 01	INDIVIDUAL	Driver <b>JOHN FULLER</b> <b>(608) 335-9506</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>302 MORNINGSIDE AVE</b> <b>MADISON, WI 53716 , US</b>		Date of Birth	Race <b>WHITE</b>		
UNIT 01	INDIVIDUAL	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT 01	INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash			
		Row		Seat Position		Safety Equipment	
						<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag	
		Ejected		Ejection Path		Trapped/Extricated	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death			

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UNIT INDIVIDUAL 01 001	<b>Distracted By</b>		Distracted By Source	
	Distracted By Action			
	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
Individual Condition <b>APPEARED NORMAL</b>				