6TL0BFKDHH 22-12462

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/14/2022

Crash Time 05:45 AM

	Document Number Override Primary Crash Document		ument#	Agency Crash Number 22-12462		mber		Investigating Officer/Deputy DEPUTY H. VOLZ			
ETLOBFKDHH	Crash Date 12/14/2022	Crash Time 05:45 AM			Date Arrived		Time	Time Arrived			
9	Date Notified Time Notified			Total U	nits		I	Injured	Total Killed	ł	
Ŧ	12/14/2022 06:00 AM			01			00		00 Reporting		
0E	On Emergency Hit and Run Lane C			Closure Work Zone			Trailer or Towed Threshold				
ĭTL	Government Property	ol Zone	School Bus Related T			Tags	ags				
9	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR				Υ		Amended Secondary Crash				
	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ———										
	ON BEAR VALLEY RD 0.31 MI N					Latitude Longitude					
	OF CTHB NB			43.255924					-90.162640174 Y Coordinate		
	IN THE TOWN OF BEAR CREEK IN SAUK COUNTY							479409			
	IN SAUN COUNT				Structure Type NO STRUCTURE						
	Crash Scene					I					
1	First Harmful Event						ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPO	RT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
	, ,										
	Mogther Condition(s)	Mark and and Mark									
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Tribal Land						Access Control			Special Study	
										,	
į	Unit Summary										
	Unit Status Vehicle Operating A				ating As C	Classification		UnitType			
	IN TRANSIT D CLASS							AUTOMOBILE			
0.1	Vehicle Type					Operating As Endorsements					
)	PASSENGER CAR Total Occs Train/Bus#Recorded Total#Citations Issued					Total Trailers Total HazMat Types					
	Total Occs	rain/Bus#Recorded	1 '	Total # Citations Issued 0		{ TotalTra		railers Total Ha:		wat rypes	
		Direction Of Travel	-			Speed Limit		TotalLanes			
UNIT	YES SOUTHBOUND			Mark Special Function				Emergency Motor Vehicle Use			
5	MostHarmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION		TION			rgency iviotor venicle Use		
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing				
	Surface Type			Road Curvature			Road Grade				

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	Truc	ck Bus or HazMat							
		Vehicle							
10		License Plate Number		Plate Type St		Country of Issuance			
		ADA5490 Vehicle Identification Number		AUT - AUTOMOBILE Make	Wi Year	Model Model			
	5	1FAHP3FNXAW133940		FORD	2010	FOCUS			
	VEHICLE	Color GRY - GRAY		Body Style SD - SEDAN	•	Bus Use	Bus Use		
		Initial Contact Point		Vehicle Damage					
Ì≒		11 - LEFT FRONT CORNER		7 8 9 10 11 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT					
UNIT	H	Extent Of Damage DISABLING DAMAGE							
		Towed Due To Damage	UC DAMA CE	Vehicle Removed By					
		TOWED DUE TO DISABLI What Driver Was Doing	NG DAWAGE	NACHREINER AUTO Vehicle Factors					
		· · · · · · · · · · · · · · · · · · ·		, omeio i detaie	76 mole i detalo				
		Driver Prior Action Other							
		Driver Actions							
_	븼	NO CONTRIBUTING ACTION							
	VEHICLE								
_	3								
		Owner Name Owner Address							
_									
2	5								
┖		Policy Holder							
¥		Insurance Company		Individual					
_		MERRIMAC INSURANCE		DANIEL CROOK					
		Driver		Citations issued Sex					
		DANIEL J CROOK		0					
_	DIVIDUA	(608) 604-2239		Date of Birth	Race WHITE				
ş	S	Address		Driver License Number					
_	2	59884 BEAR VALLEY RD LONE ROCK, WI 53556 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Ç.	On Duty Crash fety Equipment		Safety Equipment					
		Row	SeatPosition	SHOULDER & LAP BELT					
		NOW	Geat Positions						
		HelmetUse		Heimet Compliance					
		Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance Airbag					
_	Ξ.								
01	8			I Tunning of ST state onto it					
						Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED Hospital		Date of Death		Time of Death	Time of Dooth		
		Hospital		Date of Death		inne 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	
		Suspected Alcohol						
	į	Drug & Alcohol NO	Suspected Drug Use NO					
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
		TEŠT NOT GIVEN			-			
_	~	Drug Type	1					
01	8	3 7.						
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORWAL						