6TL0BFKDHP 22-12710

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/19/2022

Crash Time 07:05 PM

	Document Number Override	Primary Crash D	Primary Crash Document#		Agency Crash Number 22-12710		I	Investigating Officer/Deputy DEPUTY H. VOLZ			
H	Crash Date 12/19/2022	Crash Time 07:05 PM			Date Arrived		Time	Time Arrived			
BFKDHP	Date Notified 12/20/2022	Time Notified 02:38 PM		Total Units 01		Total		l Injured	Injured Total Killed 00		
0	On Emergency	lit and Run	and Run Lane Closu		ure Work Zone		***************************************	Trailer or Towed		Reporting Threshold	
6TL	Government Property	hool Zone	e School Bus Related			Tags	Tags				
	▼ Reportable	TICATED ANIM	MAL W/ NO	INJUR	Y Amended			Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
i	Location ——										
i	ON CTHD NB					Łatitude Łongitude					
	0.59 MI S					43.43672	23671	-89.9839608			
	OF SHORT CUT RD				ļ						
	IN THE TOWN OF WESTFII	ELD				X Coordin		Y Coord			
	IN SAUK COUNTY					258505.796875			481364	10	
						Structure 7	Гуре				
	Crash Scene					•					
,						T =					
	First Harmful Event					I	ful Event Lo	ocation			
	NON DOMESTICATED ANI	MAL (ALIVE)				ON ROA	DWAY				
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEH	ICLE IN TRANSP	ORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
						1					
	Weather Condition(s)										
	AnimalTuna										
						Relation To Trafficus					
	Animal Type DEER					Relation To Trafficway TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	PUBLIC PROPERTY						SUICTION				
	Tribal Land					Access Control				Special Study	
ļ	Unit Summary 👅										
	Unit Status		Ve	Vehicle Operating As Classification				UnitType			
	IN TRANSIT			D CLASS					AUTOMOBILE		
	Vehicle Type						Operating As Endorsements			ments	
01	PASSENGER CAR							-,			
	Total Occs Train/Bus#Recorded			Total#Citations Issued		Total Traile		ilers Total HazMat Types 0		MatTypes	
	Insurance? Direction Of Travel									<u> </u>	
,	YES NORTHBOUND			Pre CrashTire Mark		""		, 0, 10, 10, 10, 10, 10, 10, 10, 10, 10,			
UNIT				Special Function				Emergency Motor Vehicle Use			
5	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			O SPECIAI		TION		NOT APPLICABLE			
	, ,							Traffic Control Inoperative/Missing			
	Traffic Way			Traffic Control				Tranic Control moperative/ivissing			
	Surface Type			Road Curvature				Road Grade			

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	Truc	k Bus or HazMat							
		Vehicle							
	VEHICLE 01	License Plate Number AT4678	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
2		Vehicle Identification Number 1GCEK29059Z159751	Make CHEVROLET	Year 2009	Model SILVERADO				
		Color BLK - BLACK	Body Style PK - PICKUP		Bus Use				
LIND		Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage	Vehicle Damage 7 8 9 10 11 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE 6 32						
>		MINOR DAMAGE	FRONT, 12 - FRONT 5, 4, 3, 2, 1						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
	ш	Driver Actions NO CONTRIBUTING ACTION							
TIND	VEHICLE								
	W >								
		Owner Name	Owner Address						
۶	5								
ĺ.		Policy Holder							
l N S		Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	Individual JOHN GERIKE						
	INDIVIDUAL	Driver JOHN DAVID GERIKE	Citations Issued	Sex					
		TOTAL DAVID GERRAL	0 Date of Birth	MALE Race					
FN S		N. day and	Discoling Aleman	WHITE					
5		Address E6833 SEELEY CREEK RD LOGANVILLE, WI 53943 , US	Drivert icense Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Ç.	On Duty Crash ety Equipment	Safety Equipment						
	j 100	Row Seat Position	SHOULDER & LAP BELT						
		HeimetUse	Heimet Compliance						
		Eye Protection	Tint Compliance						
2		Injury Severity Injury NO APPARENT INJURY	Airbag						
		Ejected Ejection Path	•		Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#				
		Hospital	Date of Death		Time of Death				

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		Distracted By	stracted By Source					
		Distracted By Action						
		Non Motorist Str	iking Unit#	Location				
		Prior Action						
		Action						
UNIT								
	_							17.7
		Action Other						To/From School
	D	Drug & Alcohol NO			Suspected Drug Use NO			
	11770011	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Res		ts	
<u>م</u>	3	Drug Type						
		Individual Condition						
		APPEARED NORMAL	-					