6TL0D7W160 23-01179

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 23-01179			Investigating Officer/Deputy DEPUTY K. MUELLER					
160	Crash Date 02/04/2023	Crash Time 07:04 PM	Date Ar	Date Arrived		Time	Time Arrived				
<u>W</u>	Date Notified 02/04/2023	Time Notified 07:04 PM	Total Ur 01	Total Units 01		Total	Total Injured Total Killed 00 00				
6TL0D7W160	On Emergency	t and Run Lane C					Trailer or To	wed	Reporting Threshold		
6TI	Government Property	Active School Zone		Bus Relat	ed Tags						
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Υ		Amended		Secondary Crash		
	, a sworn law enforcement	ent officer, agree that I have	ve not added any CJIS data in this report.								
	Location ———	_ocation									
·	ON USH12 WB					Latitude Longitude					
	1128 FT S				43.41709327 X Coordinate 275519.375		-89.772 Y Coordi 481086		2849498 linate		
	OF USH12 WB										
	IN THE TOWN OF SUMPTER										
	IN SAUK COUNTY				Structure Type						
					Cadotale Type						
L	Crash Scene				l						
,											
	First Harmful Event			First Harmful Event Location							
	NON DOMESTICATED ANIM			ON ROADWAY							
	Manner of Collision	N E IN TRANSPORT			Light Condition						
	00 - NO COLLISION W/VEHICLE IN TRANSPORT										
	Road Surface Condition(s)				Roadway Factor(s)						
ŀ	Environment Factor(s)				1						
					_						
	Weather Condition(s)										
ŀ	Animal Type				Relation To Trafficway						
	DEER			TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction							
ŀ	Crash Classification - Location										
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control							
ŀ	Tribal Land							Special Study			
ļ	Unit Summary				ı						
`	Unit Status		Vehicle Opera	ating As C	lassification		UnitType				
	IN TRANSIT D CLASS			, •			TRUCK				
}	Vehicle Type				Operating As Endorsements						
01	UTILITY TRUCK/PICKUP TRUCK						'				
ŀ	Total Occs 7	Total#Citations Issued		I Total Traile		ers Total HazMa		Vat Types			
	1		0		0		0				
		Direction Of Travel WESTBOUND	Tic Glashille		Speed Lim	ed Limit Total La		PS .			
LINO		Mark Special Euroption				Emergency Motor Vehicle Hea		clo i leo			
5	Most Harmful Event: Collision With NON DOMESTICATED ANIM.	Special Function NO SPECIAL FUNCT		TION		Emergency Motor Vehicle Use NOT APPLICABLE					
	Traffic Way										
	FIGURE TYEY	Traffic Control				Traffic Control Inoperative/Missing					
	Surface Type	Road Curvature			Road Grade						
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								

Wisconsin Motor Vehicle Crash Form DT4000 Crash Date 02/04/2023
Crash Time 07:04 PM

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Crash Date 02/04/2023

Crash Time 07:04 PM

	Truc	ck Bus or HazMat							
		Vehicle							
10		License Plate Number 171985A		Plate Type COL - COLLECTOR	St WI	Country of Issuance UNITED STATES			
		Vehicle Identification Number		Make	Year	Model			
	5	1FTFX1E58LFA35533		FORD	2020	F150			
		Color BLK - BLACK		Body Style PK - PICKUP		Bus Use			
	VEHICLE	Initial Contact Point		Vehicle Damage 7, 8, 9, 10, 111					
TIND		10 - LEFT SIDE FRONT Extent Of Damage MINOR DAMAGE		08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - 6 72 LEFT SIDE FRONT 5 4 8 2 1					
	Ü								
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED What Driver Was Doing		OPERATOR Vehicle Factors					
		Driver Prior Action Other							
		Driver Actions Control of the Contro							
_	뿣	NO CONTRIBUTING ACTION							
	VEHICLE								
_	¥								
		Owner Name Owner Address							
2	5								
ᆫ		l Policy Holder							
\ N		Insurance Company		Individual					
-		OWNERS-INS-CO Individual		THOMAS POLLAR					
		Driver		Citations Issued Sex					
		THOMAS WILLIAM POLLARD (608) 963-1743		0 MALE					
<u> </u> _	DIMIDUA			Date of Birth	Race WHITE				
ş		Address		Driver License Number					
_	Z	717 WHEELER ST BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash fety Equipment		Safety Equipment					
		Row	Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT				
		Helmet Use		Helmet Compliance					
		Eye Protection		TintCompliance					
_				Airbag					
01	8	Injury NO APPARENT INJURY							
		Ejection Path				Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		Detects "		Time of Dooth			
		Hospital		Date of Death		Time of Death			

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		Distracted By Source	æ						
		Distracted By Action							
		Striking Unit#	Location						
		Non Motorist							
		Prior Action							
		Pilot Action							
		Action							
	INDIWIDUAL								
UNIT	a								
Z	5								
_	ā								
	3								
	_								
							T= = : :		
		Action Other					To/From School		
		Suspected Alcohol	Use	Suspected Drug Use	Orug Use				
	1	Drug & Alcohol NO	NO						
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results			
			Ucount test type		Alcohol restriesu				
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Resu		ds .			
		TEST NOT GIVEN							
	_	Drug Type							
01	8	2.09 1750							
		Individual Condition							
		mawadar Condition							
		APPEARED NORMAL							
		ACCEPTAGE TOTAL							