6TL096J8X1 18-06080

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/11/2018

Crash Time 03:50 AM

	Document Number Overrid	de P	Primary Crash Document #		Agency Crash Numb		mber	Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER		ERGER		
2	Crash Date 06/11/2018		Crash Time 03:50 AM		Date Arrived			Time	Time Arrived			
⋒	Date Notified	Т	ime Notified		Total U	nits		Total	Injured	Total Killed		
X8C960.	06/11/2018		03:53 AM		01		00		Injured	00		
60-	On Emergency	☐ Hit aı	nd Run	Lane CI	closure Work Zo		rk Zone		Trailer or Towed		Reporting Threshold	
6TL	Government Property		Active School Zone School NO			Bus Relate	elated Tags		3			
	Reportable Crash Type NON-DOMESTICATED				ANIMAL W/ NO INJURY				Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
Ī	_ocation											
Ī	INTERSECTION					Latitude Longitude						
	ON IH90 WB						43.570521079 -89.786785671					
	AT USH12 WB											
	IN THE VILLAGE OF L	AKE DEL	_TON			X Coordina			Y Coord			
	IN SAUK COUNTY						274962.03125			4827947		
							Structure Type NO STRUCTURE					
(Crash Scene											
7							I =:	(15 11				
	First Harmful Event		(A. I. I				First Harmful Event Location					
	NON DOMESTICATED	ANIMAL	. (ALIVE)				ON ROADWAY					
	Manner of Collision						Light Condition					
	NO COLLISION W/VEH	HICLE IN	TRANSPOR	T								
	Road Surface Condition(s)						Roadway I	Factor(s)				
	Environment Factor(s)											
	()											
ŀ	Weather Condition(s)											
	(-)											
-	Animal Type						Relation To Trafficway					
	DEER						TRAFFICWAY - ON ROAD					
	Crash Classification - Loca						Crash Classification - Jurisdiction					
	PUBLIC PROPERTY						NO SPECIAL JURISDICTION					
	Tribal Land					Access Control			Special Study			
	Jnit Summary											
Ì	Unit Status Vehicle Operating As C						lassification		Unit Type			
	IN TRANSIT D CLASS						AUTOMOBILE					
-	1											
01	Vehicle Type						Operating As Endorsements					
٦	PASSENGER CAR											
	Total Occs Train/Bus # Injured Insurance? Direction Of Travel WESTBOUND			d .	Total # Citations Issued		Total Traile		lers Total HazMa		Mat Types	
				0			0		0			
•				el	Dro CrachTiro		Speed Limi		nit Total Lanes		es	
ا ہے				Pre CrashTire Mark		['						
Ęŀ					Special Funct	Emergency		/ Motor Vohi	Motor Vehicle Use			
LINO					Special Funci POLICE	NON-EMEE		RGENCY, NON-TRANSPORT				
	HON DOMESTICATED ANIMAL (ALIVE)											
	Traffic Way				Traffic Control				Traffic Control Inoperative/Missing			
ŀ	Surface Type			Road Curvature				Road Grade				

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	Т	ruck Bus or HazMat									
	NO										
		V-1 '-1-									
		Vehicle									
		License Plate Number 120	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES						
2	5	Vehicle Identification Number 1FAHP2MK7EG103149	Make FORD	Year 2014	Model TAURUS						
		Color BLU - BLUE	Body Style 4D - 4DR		NOT A BUS						
⊨	CLE	Initial Contact Point 11LEFT FRONT CORNER	Vehicle Damage								
LINO	VEHICL	Extent Of Damage DISABLING DAMAGE	9LEFT SIDE MIDDLE, 10LEFT SIDE FRONT, 11LEFT FRONT CORNER								
		Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Removed By								
		What Driver Was Doing	Vehicle Factors								
		Driver Prior Action Other									
⊨	SLE	Driver Actions NO CONTRIBUTING ACTION									
LINO	VEHICLE										
		Driver Distractions NOT DISTRACTED									
5	6										
		Owner Name	Owner Address								
ΗN	ı	Policy Holder									
5		Insurance Company STATE OF WISCONSIN	Organization/Company STATE OF WISCONSII	STATE OF WISCONSIN							
	1	Individual									
		Driver NICHOLAS FREDERICK VORPAHL	Citations Issued	Sex							
	UAL	(608) 846-8800 EXT. 1000	0 Date of Birth	MALE Race							
LIND	INDIVIDUAL	Address	Driver License Number								
ر		911 W NORTH ST DEFOREST, WI 53532 , US	STATE: WISCONSIN COUNTRY: UNITED STATES								
		Equipment On Duty Crash POLICE	Safety Equipment								
		Seat Position	SHOULDER & LAP BELT								
		Helmet Use	Helmet Compliance								
		Eye Protection	Tint Compliance								

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10	001	Injury	Injury Severity NO APPARENT	INJURY	Airbag						
		Ejected			Ejection Path		Trapped/Extricated				
		Medical Transport			EMS Agency Identifier		EMS Run #				
		NOT TRANSPOR	TED								
		Hospital			Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action	•	•		•					
	7										
_	Ž										
INDIVIDUAL											
	\geq										
	닐										
	=										
		Action Other									
			Suspected Alcohol	Use	Suspected Drug U	se					
	E	Drug & Alcohol	NO		NO						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN	I								
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN	ı				J.ug . cot . toculo	15			
_	Ξ	Drug Type									
10	001										
Individual Condition											
APPEARED NORMAL											