## 6TL092T5LW 18-06583

## **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 18-06583			Investigating Officer/Deputy DEPUTY J. KIRKENG			
	Carab Data	One ob Time						e Arrived			
⋛	Crash Date					Date Arrived		Alliveu			
	06/23/2018	12:20 AM									
5	Date Notified	Time Notified		Total Ur	nits		l l	Injured	Total Killed	d	
片	06/23/2018	12:20 AM		01	01		00		00	00	
.092T5L	On Emergency	it and Run	t and Run Lane CI		osure Wo		rk Zone T		owed	Reporting Threshold	
ᆸ	Government	Active Sel	☐ Active School Zone			School Bus Related		Tags		•	
eTL(	Property	nooi Zone	NO								
	<b>✓</b> Reportable	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.										
I	Location										
- {	ON STH23 WB					Latitude Longitude					
	1290 FT N				43.543759		59118	118		-89.892003995	
	OF N REEDSBURG RD					X Coordinate		Y Coordina		linata	
	IN THE TOWN OF EXCELSION	OR				266361.625				4825265	
	IN SAUK COUNTY					Structure			402020		
						UCTURE					
L	Crash Scene										
,											
	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT	Т								
	Road Surface Condition(s)					Roadway	Factor(s)				
ŀ	Environment Factor(s)					1					
	Environment Factor(s)										
ŀ	Weather Condition(s)					-					
ĺ	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
İ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land					Access Control				Special Study	
Į	Unit Summary										
	Unit Status Vehicle Operating A					lassification	1	Unit Type			
	IN TRANSIT	D CLASS			AUTOMOI		BILE	BILE			
ŀ	Vehicle Type					Operating As Endorsements					
9	PASSENGER CAR										
LIND	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Tra		ailers Total Haz		:Mat Types	
	1			0		0		0			
		D: C O(T		rockT!~-			-		es		
		WESTBOUND	Pre CrashTire Mark		,		-				
	Most Harmful Event: Collision With			Special Function		ĺ		Emergency Motor Vehicle Use			
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIA			NOT APPLICABLE				
	Traffic Way			Traffic Contro	ı			Traffic Control Inoperative/Missing			
				Traille Collinoi					The state of the percent of the state of the		
ŀ	Surface Type			Road Curvature			Road Grade				
	· ·										

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	Т	ruck Bus or HazMat								
	NO									
		Vehicle								
		License Plate Number Plate Type St Country of Issuance								
		AAK3126	AUT - AUTOMOBILE	WI	UNITED STATES					
		Vehicle Identification Number	Make	Year	Model					
2	5	2G1WX12KXY9233467	CHEVROLET	2000	MONTE CARL					
		Color	Body Style	•	Bus Use NOT A BUS					
LIND		RED - RED	CP - COUPE		NOT A BUS					
	쁫	Initial Contact Point  12FRONT	Vehicle Damage							
	VEHICL	Extent Of Damage	1RIGHT FRONT CORNE	1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT						
	ΝĒ	DISABLING DAMAGE								
		Towed Due To Damage	Vehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE		WEGNER AUTO SERVICE						
		What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors	Vehicle Factors						
		Driver Prior Action Other	NOT APPLICABLE							
		Biver Filor Action Curer								
		Driver Actions								
	Щ	NO CONTRIBUTING ACTION								
LIND	$\overline{c}$									
5	VEHICLE									
	>									
		Driver Distractions								
		NOT DISTRACTED								
2	2									
		Owner Name	Owner Address							
		Dallan Haldan								
Ę		Policy Holder Insurance Company	Individual							
5		ALLSTATE-INS-CO	Individual  DANIEL PLETZER	DANIEL PLETZER						
		Individual								
		Driver	Citations Issued Sex							
	_	DANIEL J PLETZER	0		MALE					
	A	(608) 475-0092	Date of Birth		Race					
╘	INDIVIDUAL				WHITE					
L		Address 28946 W OAK ST PO BOX/51	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
	Z	SEXTONVILLE, WI 53584 , US								
		On Duty Crash	Safety Equipment	Safety Equipment						
		Equipment	SHOULDER & LAP BELT							
		Seat Position								
		Holmot Lico	Helmet Compliance	Halmat Campliance						
		Helmet Use	пенне сотрнансе	Heimet Compilance						
		Eye Protection	Tint Compliance							

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Crash Date 06/23/2018

Crash Time 12:20 AM

i										
01	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag					
		Ejected	ected			Ejection Path		Trapped/Extricated		
		Medical Transport NOT TRANSPOR	TED		EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action	•	- 1		•				
_	NAL									
UNIT	INDIVIDUAL									
	S									
		A :: 0:1								
	Action Other									
	L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Use NO					
	Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
01	00	Drug Type								
Individual Condition										
APPEARED NORMAL										