6TL08S5WTS 18-07780

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 18-07780			Investigating Officer/Deputy DEPUTY S. SCHRAM				
ဟ	Crash Date	Crash Time		Date Arrived			Time	Time Arrived			
Ë	07/18/2018 10:08 PM										
≥	Date Notified Time Notified			Total Ur	nits			Injured	Total Killed	1	
S 2	07/18/2018	10:08 PM		01			00		00	D	
.08S5WT	On Emergency Hi	it and Run	d Run Lane Closure			ork Zone		Trailer or Towed		Reporting Threshold	
eTL	Government Active School Zor			School Bus Related NO			Tags	Tags			
	Reportable	TED ANIM	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.										
ĺ	Location										
-	ON HILLMAN RD					Latitude Longitude					
	0.31 MI E				43.5828901		0124	24		-89.757100056	
	OF BUNKER DR					X Coordina	ate		Y Coordinate		
	IN THE TOWN OF DELTON IN SAUK COUNTY					277404.875 4829241				1	
					Structure Type						
(Crash Scene										
	First Harmful Event						ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA					
	Manner of Collision					Light Condition					
ļ	NO COLLISION W/VEHICLE	IN TRANSPORT				D	F (/)				
	Road Surface Condition(s)					Roadway Factor(s)					
ŀ	Environment Factor(s)										
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
ŀ	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION			I		
	Tribal Land					Access Control				Special Study	
Ţ	Unit Summary										
				Vehicle Operating As Classification			Unit Type				
	ON EMERGENCY			D CLASS			TRU		RUCK		
10	Vehicle Type					Operating As Endorsements				nents	
0	AMBULANCE ON EMERGENCY										
	Total Occs Train/Bus # Injured			al # Citatio	ns Issued					Mat Types	
				0		0		0			
	Insurance? Direction Of Travel			Pre CrashTire		Speed Lir		mit Total Lan		es	
╘	YES EASTBOUND			Mark							
UNIT	Most Harmful Event: Collision With			Special Function AMBULANCE						Motor Vehicle Use RGENCY, NON-TRANSPORT	
	NON DOMESTICATED ANIMAE (ALIVE)								Traffic Control Inoperative/Missing		
	Traffic Way			Traffic Control			ramic Control Inoperative			แหนะกรากเกิ	
	Surface Type			Road Curvature			Road Grade				
			1								

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	-	I D								
	NO	k Bus or HazMat								
		M-1.1-1-								
		Vehicle		lai . T	104	Occupant of Income				
UNIT 01		License Plate Number 95758		Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES				
	2	Vehicle Identification Number 1GB9G5B6XA1106392		Make LIFELINE EMERGENCY V	Year 2010	Model AMBULANCE				
		Color WHI - WHITE		Body Style AM - AMBULANCE		Bus Use NOT A BUS				
	H	Initial Contact Point 12FRONT		Vehicle Damage	Vehicle Damage					
	VEHICL	Extent Of Damage DISABLING DAMAGE		1RIGHT FRONT CORNER, 12FRONT						
		Towed Due To Dama		Vehicle Removed By						
			DISABLING DAMAGE		PLATTS WRECKER					
		What Driver Was Doi	ng	Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions	NG ACTION							
⊨	쁫	NO CONTRIBUTING ACTION								
	VEHICLE									
	>									
		Driver Distractions								
		NOT DISTRACTED								
_	_									
5	6									
					Owner Address					
		Owner Name		Owner Address	Owner Address					
Ę		Policy Holder								
5		Insurance Company CVMIC		Government DELLS DELTON EMS CO	DELLS DELTON EMS COMMISION					
	- 1	Individual								
		Driver BRANDON FREDERICK		Citations Issued		Sex				
	AL	(608) 963-0820	ERIOR	0 Date of Birth		MALE Race				
⊨	INDIVIDUAL			Date of Dirac		WHITE				
LINO		Address N4712 COUNTY ROAD J OXFORD, WI 53952 , US		Driver License Number	Driver License Number					
				STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash EMT/FIRST-RESPONDER Seat Position		Safety Equipment	Safety Equipment					
				SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance	Helmet Compliance					
		Eye Protection		Tint Compliance	I Tint Compliance					

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Crash Date 07/18/2018

Crash Time 10:08 PM

i										
01	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag					
		Ejected			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 Us NO	se				
		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										