6TL09B7D96 18-08135

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Do		gency Crash Number 8-08135	Investigating DEPUTY A	Officer/Deputy		
Crash Date 07/27/2018	Crash Time 07:13 PM		ate Arrived 7/27/2018	Time Arrived 07:13 PM			
Date Notified 07/27/2018	Time Notified 07:13 PM	T(otal Units 1	Total Injured 00	Total Kille	Reporting Threshold	
On Emergency H	lit and Run	Lane Closure	Work Zone		or Towed		
Government Property		Active School Zone Sch		Tags	Tags		
✓ Reportable	Crash Type DT4000 (STAN	DARD CRASH)		Amendo	ed	Secondary Crash	
escription Diagram					Reconstructio		
		unit 1		*	Photos By		
	Juni	t1	drawing scale	y not to	Additional Info	ormation	
unit1							
(uı	nit 1						
		county PF					

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Location

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Crash Time 07:13 PM

989 OF IN	ON CTHPF NB 985 FT N OF DENZER RD IN THE TOWN OF FREEDOM IN SAUK COUNTY				Latitude 43.405186317 X Coordinate 264285.5625 Structure Type		Longitud -89.9110 Y Coordi 480992	03558 nate	
Cra	ash Scene								
Fire	t Harmful Event			First Har	mful Event	Location			
DI	гсн			ROADS	IDE				
Ма	nner of Collision			Light Cor	ndition				
NC	COLLISION W/VEHICL	E IN TRANSPORT		DAYLIG	DAYLIGHT				
Roa	ad Surface Condition(s)			Roadway	Factor(s)				
DR	Y								
Εn	vironment Factor(s)								
NC	NE			NONE					
We	ather Condition(s)								
	EAR								
Ani	mal Type			Relation	To Trafficw	av			
""	- 76-			Relation To Trafficway TRAFFICWAY - ON RO Crash Classification - Jurisd					
Cra	sh Classification - Location						- Jurisdiction		
PU	BLIC PROPERTY			NO SPE	NO SPECIAL JURISDICTION				
Trik	oal Land	Access Co					Special Study		
	hin Interchange Area	Junction Location		section Type					
NC		NON-JUNCTION	NOT	T AN INTERSI	ECTION				
	it Summary 👅								
	t Status		Vehicle Operating	As Classificatio	n	Unit Type			
	TRANSIT		D CLASS		AUTOMOBILE				
	nicle Type SSENGER CAR				Operating As Endorsements		nents		
	al Occs				Total Tra	ailers	Total HazMat Types		
01	ai 0003		Total # Citations Is	33464	0		0	a , p 00	
Ins	urance?	Direction Of Travel	Pre Crash	hTire	Speed L	imit	Total Lane	es	
YE	S	NORTHBOUND	Mark		55		2		
	st Harmful Event: Collision With			Special Function NO SPECIAL FUNCTION		NOT APP		Motor Vehicle Use	
	HER NON-COLLISION ffic Way		Traffic Control			_	rol Inoperati	ive/Missina	
	VO-WAY, NOT DIVIDED		NO CONTROL			NO		p = 0. a	
	face Type	Road Curvature			Road Grade	Road Grade			
	ACKTOP (BITUMINOUS	STRAIGHT	STRAIGHT			LEVEL			
	ck Bus or HazMat								
NC									
	Vehicle				St	10			
	License Plate Number		71	Plate Type		Country of Issuance UNITED STATES			
	678VCS	Make	AUT - AUTOMOBILE						
2	Vehicle Identification Number KMHDU46D69U588298			HYUNDAI		Model NO DATA FO			
	Color		Body Style			Bus Use			
	SIL - SILVER (ALUMINUM)		4D - 4DR			NOT A BUS			
Щ	Initial Contact Point		Vehicle Damage						
$\overline{\mathbf{c}}$	1RIGHT FRONT CO	RNER							
/EHICL	Extent Of Damage		1RIGHT FRO	1RIGHT FRONT CORNER, 6REAI		k, 12FRONT			
>	FUNCTIONAL DAMA	GE							
	Motor Vehicle Crash	-	his report does not includ				Crash Date	07/27/2018	

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		Towed Due To Dama	ge	Vehicle Removed By					
		What Driver Was Doi	ng	Vehicle Factors					
		GOING STRAIGH	Т						
		Driver Prior Action Ot	her	NOT APPLICABLE					
		Driver Actions							
.	Щ	UNKNOWN							
L	VEHICL								
5	표								
	>								
		Driver Distractions OTHER DISTRAC	TION						
		0111211 21011010							
6	9								
		Owner Name ANDREW T ZIMM	ER	Owner Address S6648 MAPLE HILL RD					
		(608) 434-9335		ROCK SPRINGS, WI 53961 , US					
	;	Sequence Of E	vents						
	۶	Event DITCH							
	05	Event							
	03	Event							
	40	Event							
Ӹ		olicy Holder							
L		Insurance Company PROGRESSIVE-C	I ASSIC-INS-CO	Individual ANDREW ZIMMER					
		Individual	27.00.00 11.10 00	7. TENER ENGINEER					
		Driver		Citations Issued	Sex				
		KHLOE M ZIMMER (608) 434-9335		0	FEMALE				
	Ι			Date of Birth	Race				
⊨ ا	⊒				WHITE				
L N	INDIVIDUAL	Address	1.00	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Ĭ	S6648 MAPLE HIL ROCK SPRINGS,							
	_	,	,						
			On Duty Crash	Safety Equipment					
		Equipment	-						
		Seat Position		SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
			Injury Severity	Airbag					
5	90	Injury	NO APPARENT INJURY	NON DEPLOYED					
		Ejected		Ejection Path	Trapped/Extricated				
		NOT EJECTED		NOT EJECTED/NOT APPLICABL	NOT TRAPPED				

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Crash Date 07/27/2018

Crash Time 07:13 PM

Ì		Medical Transport			EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED						
		Hospital			Date of Death		Time of Death	
			Christian at Linch #	Deiter Antine		1		To/From School
	Non Motorist Striking Unit #			Prior Action	on Location			To/From School
		Action		<u> </u>				
	7							
-	Ž							
UNIT	9							
_	INDIVIDUAL							
	Z							
		Action Other						
					10 , 10 , 11			
	L	Drug & Alcohol	NO	use	Suspected Drug Us	se .		
	Alcohol Test Given				Alcohol Test Type Alcohol Test Results			
		TEST NOT GIVEN						
Drug Test Given TEST NOT GIVEN				Drug Test Type		Drug Test Results		
10	00	Drug Type						
0	0							
		Individual Condition						
		APPEARED NOR	MAL					