6TL0B7D6RB

19-03869

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #	Document # Agency Crash Nu 19-03869				stigating Officer/Deputy PUTY A. SUKOWATEY			
0B7D6RB	Crash Date 04/05/2019	Crash Time 08:19 PM	Date A	Date Arrived		Time	Time Arrived			
96	Date Notified Time Notified		Total U	Jnits			,	Total Killed		
12	04/05/2019	08:19 PM	01	T		00		00		
.0B	On Emergency Hi	t and Run	e Closure		rk Zone		Trailer or To	owed	Reporting Threshold	
6TL	Government Property	Active School Zon		l Bus Relat	ed	Tags				
	✓ 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.									
İ	Location									
f	ON CTHI NB				Latitude			Longitude		
	1172 FT S OF STH136 EB		43.47180303		3036	6		-89.869215174		
	IN THE TOWN OF EXCELSIOR				X Coordina	ate		Y Coordinate		
	IN SAUK COUNTY				267927		48172		9.5	
					Structure Type					
Ĺ										
(Crash Scene									
	First Harmful Event			First Harmful Event Location						
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROADWAY					
	Manner of Collision	IN TO ANODODT			Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT								
	Road Surface Condition(s)				Roadway F	-actor(s)				
	Environment Factor(s)									
	Weather Condition(s)				-					
	Weather Condition(s)									
	Animal Type DEER				Relation To Trafficway					
					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					ification - Jurisdiction				
	PUBLIC PROPERTY			NO SPECIAL JURI						
	Tribal Land				Access Control			Special Study		
	Unit Summary ——						•			
	Unit Status Vehicle Operati			rating As C	As Classification		Unit Type			
	IN TRANSIT D CLASS				AUTOMOBII				ILE Endorsements	
6	Vehicle Type PASSENGER CAR						Operating A	s Endorsen	nents	
	Total Occs Train/Bus # Recorded Total # Citations Issu			ione lecuo	d Total Ti		railers Total HazN		Mat Tynes	
	1	Train // Bao // Traoborada	0	10113 133460		0	510	0	viat Typoo	
		Direction Of Travel		ProchTire		Speed Lim	it	Total Lane	es	
_		NORTHBOUND	Pre CrashTire		i	·				
LNO	Most Harmful Event: Collision With	Special Fund	Special Function					Motor Vehicle Use		
ر	NON DOMESTICATED ANIM	NO SPECI	NO SPECIAL FUNCTION			ON NOT APPL		.ICABLE		
ŀ	Traffic Way			Traffic Control			Traffic Cont	ontrol Inoperative/Missing		
	Surface Type	rface Type			Road Curvature			Road Grade		

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ı	Truck Bus or HazMat								
	NO								
	,	Vehicle							
		License Plate Number	Plate Type	St	Country of Issuance				
		ACC6079	AUT - AUTOMOBILE	WI	UNITED STATES				
_		Vehicle Identification Number	Make	Year	Model				
5	2	KMHTC6AD3DU105621	HYUNDAI	2013	VELOSTER				
		Color	Body Style	I .	Bus Use				
	VEHICLE	BLK - BLACK	CP - COUPE		NOT A BUS				
		Initial Contact Point	Vehicle Damage	Vehicle Damage					
╘		11LEFT FRONT CORNER		7LEFT REAR CORNER, 8LEFT SIDE REAR, 9LEFT SIDE MIDDLE, 10LEFT SIDE FRONT, 11LEFT FRONT CORNER					
LNO		Extent Of Damage	7LEFT REAR CORNER						
_ ا		FUNCTIONAL DAMAGE	SIDE FRONT, TILEFT FRONT CORNER						
		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		What Briver Was Borning	Vernole i delere	Vehicle Factors					
		Driver Prior Action Other		-					
		Driver Frior Action Other							
		Driver Actions							
		NO CONTRIBUTING ACTION							
_	VEHICLE	NO CONTINUES TIMO ACTION							
L	≌								
5	픕								
	>								
		Owner Name	Owner Address	Owner Address					
2	5								
0	0								
		Policy Holder							
LIND		Insurance Company Individual							
 		PRIORITY INSURANCE	JOSHUA ANDERSON	I					
		ndividual							
		Driver	Citations Issued	Citations Issued Sex					
		JOSHUA EVAN ANDERSON			MALE				
	4	(608) 445-1782	0						
	Ş		Date of Birth		Race WHITE				
L N	DIVIDUAL				White				
5	\leq	Address	Driver License Number	Driver License Number					
_	Ħ	237 S DEWEY AVE REEDSBURG, WI 53959, US	STATE: WISCONSIN	STATE: WISCONSIN COUNTRY: UNITED STATES					
	_	REEDODORO, WICOSOS , OO							
	Sa	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment					
	Sai								
		Seat Position	SHOULDER & LAP B	SHOULDER & LAP BELT Helmet Compliance					
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance	Tint Compliance					
2	001	Injury Severity	Airbag						
9	ō	Injury NO APPARENT INJURY							
		Ejected Ejection Path	Trapped/Extricated						
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED							
İ		Hospital	Date of Death		Time of Death				

Crash Time 08:19 PM

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Crash Time 08:19 PM

		Distracted By	Distracted By Source	1				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	Z							
		Action Other						To/From School
			Corrected Alachalli		I Constant Devention			
	L	Drug & Alcohol NO			Suspected Drug Use NO			
		Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN			e Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
10	001	Drug Type						
		Individual Condition						
		APPEARED NORI	MAL					