

6TL0B4X4LF

19-08099

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override, Primary Crash Document #, Agency Crash Number 19-08099, Investigating Officer/Deputy DEPUTY E. KNULL, Crash Date 07/04/2019, Crash Time 05:00 AM, Date Arrived, Time Arrived, Date Notified 07/04/2019, Time Notified 05:00 AM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, 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.

Location

ON CTHWD EB 0.37 MI W OF CTHHH WB IN THE TOWN OF DELLONA IN SAUK COUNTY, Latitude 43.605425495, Longitude -89.950177755, X Coordinate 261904.984375, Y Coordinate 4832279.5, Structure Type NO STRUCTURE

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE), First Harmful Event Location ON ROADWAY, Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type DEER, Relation To Trafficway TRAFFICWAY - ON ROAD, Crash Classification - Location PUBLIC PROPERTY, Crash Classification - Jurisdiction NO SPECIAL JURISDICTION, Tribal Land, Access Control, Special Study

Unit Summary

Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type TRUCK, Vehicle Type UTILITY TRUCK/PICKUP TRUCK, Operating As Endorsements, Total Occs 1, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel EASTBOUND, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE), Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade, Truck Bus or HazMat NO

Vehicle

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01	UNIT	VEHICLE	01	License Plate Number <b>GV4030</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			01	Vehicle Identification Number <b>1GCVKREC1GZ170896</b>	Make <b>CHEVROLET</b>	Year <b>2016</b>	Model <b>SILVERADO</b>	
			01	Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>	Bus Use <b>NOT A BUS</b>		
			01	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>12--FRONT</b>			
			01	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				
			01	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>			
			01	What Driver Was Doing	Vehicle Factors			
01	UNIT	VEHICLE	01	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
			01	Owner Name	Owner Address			
01	UNIT	INDIVIDUAL	01	<b>Policy Holder</b>				
			01	Insurance Company <b>GEICO-GENERAL-INS-CO</b>	Individual <b>TODD DRIESE</b>			
			01	<b>Individual</b>				
01	UNIT	INDIVIDUAL	001	Driver <b>TODD MITCHELL DRIESE (608) 415-0203</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
			001		Date of Birth	Race <b>WHITE</b>		
			001	Address <b>S1250 HWY WD LYNDON STATION, WI 53944 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
			001	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
01	UNIT	INDIVIDUAL	001	Seat Position				
			001	Helmet Use	Helmet Compliance			
			001	Eye Protection	Tint Compliance			
			001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag		
			001	Ejected	Ejection Path	Trapped/Extricated		
01	UNIT	INDIVIDUAL	001	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
			001	Hospital	Date of Death	Time of Death		
			001	<b>Distracted By</b>	Distracted By Source			
01	UNIT	INDIVIDUAL	001	Distracted By Action				
			001	<b>Non Motorist</b>	Striking Unit #	Location		

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<b>UNIT</b>	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	<b>01</b>	<b>001</b>	