6TL0B655PC

19-09114

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 Number 19-09114 | | | Investigating Officer/Deputy DEPUTY W. NEUBAUER | | | | |
|------------|---|--|------------|---------------------------------|--------------------------|--|---|-------------------------------------|-------------|------------|--|
| \sim | Crash Date Crash Time | | | Date Arrived | | | Time Arrived | | | | |
| Р | 07/23/2019 | | | | | | | | | | |
| 6TL0B655PC | Date Notified Time Notified 07/23/2019 05:23 AM | | | Total Units 01 | | | Total 00 | Total Injured Total Kil | | ed | |
| | On Emergency | t and Run | Lane Closu | Closure Work Zone | | | Trailer or Towed | | | | |
| 6ТІ | Government Property | Active School Zone School Bus Relat | | | ad Tags | | | | | | |
| | Image: Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR | | | | ۲Y | Amended Secondary Crash | | | | | |
| | ✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | |
| | Location | ocation | | | | | | | | | |
| | ON CTHBEB 0.39 MI W | | | | Latitude 43.252289195 | | | Longitude -89.885323206 | | | |
| | OF HAUSNER RD | | | | X Coordinate | | | Y Coordinate | | | |
| | IN SAUK COUNTY | IN THE TOWN OF TROY IN SAUK COUNTY | | | | 265780.375 Structure Type | | | 47928 | 4792874.5 | |
| | | | | | | NO STRU | | | | | |
| (| Crash Scene | | | | | | | | | | |
| | First Harmful Event | | | | | First Harm | ful Event Lo | ocation | | | |
| | NON DOMESTICATED ANIMAL (ALIVE) Manner of Collision | | | | | ON ROADWAY Light Condition | | | | | |
| | NO COLLISION W/VEHICLE | IN TRANSPOR | т | | | Light Cone | | | | | |
| | Road Surface Condition(s) | | | | | Roadway I | Factor(s) | | | | |
| | | | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| | Weather Condition(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| | Animal Type | | | | | Relation To Trafficway | | | | | |
| | DEER | | | | | TRAFFICWAY - ON ROAD | | | | | |
| | | ash Classification - Location UBLIC PROPERTY ibal Land | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION Access Control Special Study | | | | | |
| | Tribal Land | | | | | | | | | | |
| | | | | | | | | | | | |
| | Init Summary | | | | | | | | | | |
| | Unit Status Vehicle Operating As C | | | lassification | | Unit Type | | | | | |
| | IN TRANSIT C CLASS Vehicle Type | | | | | | | TRUCK Operating As Endorsements | | | |
| 01 | | | | | | Operating As Endorsements | | | | | |
| | | Train/Bus # Recor | rded Tota | Total # Citations Issued | | | | rs Total Hazi | | zMat Types | |
| | 1 | | 0 | | | | 0 | | 0 | | |
| L | | Direction Of Trave | | Pre CrashTire | | Speed Lim | beed Limit T | | Fotal Lanes | | |
| UNIT | Most Harmful Event: Collision With Special Function | | | | | | Emergency Motor Vehicle Use | | | | |
| | NON DOMESTICATED ANIMAL (ALIVE) NO SPECIAL FUNC | | | | TION | | NOT APPLICABLE | | | | |
| | Traffic Way Traffic Control | | | | bl | | | Traffic Control Inoperative/Missing | | | |
| | Surface Type Road Curvature | | | | ure | Road Gr | | | ade | | |
| | Truck Bus or HazMat | | | | | | <u> </u> | | | | |
| | NO | | | | | | | | | | |
| | Vehicle | | | | | | | | | | |

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

| | | License Plate Number | F | Plate Type | St | Country of Issuance | | | |
|------|-----------------------------|---|---|---|---------|---------------------------------|--|--|--|
| | | XD25950 | 1 | TK - LIGHT TRUCK | WI | UNITED STATES | | | |
| _ | | Vehicle Identification Number | 1 | <i>l</i> ake | Year | Model | | | |
| 5 | 01 | 1FTWX33F5YEA40502 | 1 | ORD | 2000 | F350 SUPER | | | |
| | | Color | | Body Style | Bus Use | | | | |
| | | WHI - WHITE | | PK - PICKUP NOT A BUS | | | | | |
| | щ | Initial Contact Point | | Vehicle Damage | | | | | |
| UNIT | VEHICLE | 12FRONT | | 12FRONT | | | | | |
| 5 | I | | | | | | | | |
| | Ν | | | | | | | | |
| | | Towed Due To Damage | ١ | Vehicle Removed By | | | | | |
| | | NOT TOWED | | OPERATOR | | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | | | |
| | | | | | | | | | |
| | | Driver Prior Action Other | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| . | Щ | NO CONTRIBUTING ACTION | | | | | | | |
| UNIT | S | | | | | | | | |
| 5 | VEHICLE | | | | | | | | |
| | N | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | |
| 6 | 01 | | | | | | | | |
| | 0 | | | | | | | | |
| | | | _ | | _ | | | | |
| E | | Policy Holder | | | | | | | |
| UNIT | | Insurance Company | | Individual | | | | | |
| | PROGRESSIVE-CASUALTY-INS-CO | | | DAVID DISKE | | | | | |
| | | ndividual | | | | | | | |
| | | Driver DAVID D DISKE | | Citations Issued Sex | | | | | |
| | Ļ | | | 0 | | MALE | | | |
| | INDIVIDUAL | (608) 574-4247 | | Date of Birth | | Race | | | |
| E | Q | | WHITE | | | | | | |
| UNIT | N | Address | | Driver License Number | | | | | |
| | N | S11285 CTH C SPRING GREEN, WI 53588 , US | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | _ | | | | | | | | |
| | | On Duty Orach | | | | | | | |
| | Saf | On Duty Crook | | Ostatu Esuisment | | | | | |
| | Jai | On Duty Crash | | Safety Equipment | | | | | |
| | Jai | fety Equipment | | | | | | | |
| | Jai | Seat Position | | Safety Equipment | LT | | | | |
| | Jai | Seat Position | | SHOULDER & LAP BE | LT | | | | |
| | Jai | fety Equipment | | | LT | | | | |
| | Jai | Seat Position | | SHOULDER & LAP BE | LT | | | | |
| | Jai | Seat Position Helmet Use | | SHOULDER & LAP BE | LT | | | | |
| | | Seat Position Helmet Use Eye Protection Injury Severity | | SHOULDER & LAP BE | LT | | | | |
| 01 | 001 | Seat Position Helmet Use Eye Protection Injury Severity | IJURY | SHOULDER & LAP BE Helmet Compliance Tint Compliance | LT | | | | |
| 01 | | Seat Position Helmet Use Eye Protection | | SHOULDER & LAP BE Helmet Compliance Tint Compliance | | Trapped/Extricated | | | |
| 01 | | Seat Position Helmet Use Eye Protection Injury Severity NO APPARENT IN | | SHOULDER & LAP BE Helmet Compliance Tint Compliance | | Trapped/Extricated | | | |
| 01 | | Injury Injury Severity Injury Injury Injury Injury <td< th=""><th></th><th>SHOULDER & LAP BE Helmet Compliance Tint Compliance</th><th></th><th>Trapped/Extricated EMS Run #</th></td<> | | SHOULDER & LAP BE Helmet Compliance Tint Compliance | | Trapped/Extricated EMS Run # | | | |
| 01 | | Fety Equipment Seat Position Helmet Use Eye Protection Injury Injury NO APPARENT IN Ejected | | SHOULDER & LAP BE Helmet Compliance Tint Compliance Airbag | | | | | |
| 01 | | Injury Injury Severity Injury Injury Injury Injury <td< th=""><th></th><th>SHOULDER & LAP BE Helmet Compliance Tint Compliance Airbag</th><th></th><th></th></td<> | | SHOULDER & LAP BE Helmet Compliance Tint Compliance Airbag | | | | | |
| 01 | | Seat Position Helmet Use Eye Protection Injury Injury NO APPARENT IN Ejected Medical Transport NOT TRANSPORTED Hospital | h | SHOULDER & LAP BE Helmet Compliance Tint Compliance Airbag | | EMS Run # | | | |
| 01 | | Seat Position Helmet Use Eye Protection Injury Injury NO APPARENT IN Ejected Ejection Pat Medical Transport NOT TRANSPORTED Hospital | h | SHOULDER & LAP BE Helmet Compliance Tint Compliance Airbag | | EMS Run # | | | |
| 01 | | Seat Position Helmet Use Eye Protection Injury Injury NO APPARENT IN Ejected Ejected NOT TRANSPORTED Hospital Distracted By | h | SHOULDER & LAP BE Helmet Compliance Tint Compliance Airbag | | EMS Run # | | | |
| 01 | | Seat Position Helmet Use Eye Protection Injury Injury NO APPARENT IN Ejected Ejection Pat Medical Transport NOT TRANSPORTED Hospital | h | SHOULDER & LAP BE Helmet Compliance Tint Compliance Airbag | | EMS Run # | | | |
| 01 | | Seat Position Helmet Use Eye Protection Injury Injury NO APPARENT IN Ejected Ejected Medical Transport NOT TRANSPORTED Hospital Distracted By Action | h | SHOULDER & LAP BE Helmet Compliance Tint Compliance Airbag | | EMS Run # | | | |
| 01 | | Seat Position Helmet Use Eye Protection Injury Injury NO APPARENT IN Ejected Ejected NOT TRANSPORTED Hospital Distracted By | h | SHOULDER & LAP BE Helmet Compliance Tint Compliance Airbag | | EMS Run # | | | |

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| | | Prior Action | | | | | |
|------|------------|--|--------------------|--|-------------------|----------------------|--|
| UNIT | INDIVIDUAL | Action | | | | | |
| | L | Action Other Suspected Alcohol Drug & Alcohol NO | Suspected Drug Use | | | To/From School | |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| 6 | 001 | Drug Type | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |