6TL09PBQCC 19-11110

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Doc		Document #	cument # Agency Crash Number 19-11110		nber Investigating Officer/Deputy DEPUTY B. STODDARD					
CC	Crash Date 09/05/2019	Crash Time 06:35 AM			Date Arrived		Т	Time Arrived			
BQ(Date Notified 09/05/2019	Time Notified 06:35 AM	1.0.		otal Units 11			Total Injured Total Killer		l	
6TL09PBQ	On Emergency	Hit and Run	Lane Closu	e Closure Work		k Zone		Trailer or To	owed	Reporting Threshold	
6TL	Government Property Active School Zone School Bus Relate NO				ed	Tags					
	▼ Reportable	TICATED ANIM	CATED 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 STH23 WB 148 FT S				Latitude 43.556857445			Longitude -89.842205921			
	OF TURTLE RD IN THE TOWN OF DELLONA IN SAUK COUNTY				X Coordinate 270434.625				Y Coordinate 4826581		
			ļ			Structure Type					
(Crash Scene										
1	First Harmful Event					First Harm	ful Even	t Location			
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROADWAY					
	Manner of Collision			Light Condition							
	NO COLLISION W/VEHIC	LE IN TRANSPOR	Т								
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
	Tribal Land					Access Control Special Study					
_	Unit Summary										
				Vehicle Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS			AUTOMOBILE				
10	Vehicle Type PASSENGER CAR					Operating As Endorsements					
	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Trail		railers	Total Hazl	Mat Types	
	1		0				0		0		
_	Insurance? YES	NORTHBOUND			rashTire ⁄lark		Speed	Limit	Total Lane	es	
UNIT	Most Harmful Event: Collision With Special Function					Emergency Motor Vehicle Use					
<u>ر</u>	NON DOMESTICATED ANIMAL (ALIVE) NO SPECIAL FUNC				TION		NOT APP	T APPLICABLE			
	Traffic Way Traffic Control						Traffic Cont	Traffic Control Inoperative/Missing			
	Surface Type Road Curvature				ıre			Road Grade	ad Grade		
	Truck Bus or HazMat NO										
	Vehicle										

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		License Plate Number		Plate Type St		Country of Issuance			
		953YAW		AUT - AUTOMOBILE WI		UNITED STATES			
2	01	Vehicle Identification Number		Make Year		Model			
	0	KNDPBCAC1G7847873		A MOTORS CORPORA	2016	SPORTAGE L			
–		Color GRY - GRAY		ody Style Γ - SPORT UTILITY VEHIC	N F	Bus Use NOT A BUS			
	Е	Initial Contact Point		Vehicle Damage					
		12FRONT		1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT					
LNO	Ĭ	Extent Of Damage							
	VEHICL	DISABLING DAMAGE							
		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLING DAMAGE		STEVES AUTO SERVICE					
		What Driver Was Doing	Ve	Vehicle Factors					
		Driver Prior Action Other							
		Driver Frior Action Other							
		Driver Actions							
	щ	NO CONTRIBUTING ACTION							
╘	H C CONTRIBUTING ACTION								
L	표								
	VE								
		Owner Name		Owner Address					
		omor name		owner ridarooc					
5	01								
_	ı	Policy Holder							
LNO		Insurance Company		Individual					
٦		PROGRESSIVE-ADVANCED-INSURAN	ICE-CO	STEPHEN CARPENTER					
		Individual							
		Driver STEPHEN JOHN CARPENTER		Citations Issued		Sex			
	INDIVIDUAL	(906) 399-9469		0 Date of Birth		MALE Race			
				Date of Birth		WHITE			
	M	Address		Driver License Number		<u> </u>			
-		215 N DEWEY AVE		STATE: WISCONSIN COUNTRY: UNITED STATES					
	=	REEDSBURG, WI 53959 , US							
	Safety Equipment On Duty Crash			Safety Equipment					
		Seat Position		SHOULDER & LAP BELT Helmet Compliance					
		Helmet Use							
		For Doctorion							
		Eye Protection		Tint Compliance					
	_	Injury Severity		Airbag					
2	00	<i>Injury</i> NO APPARENT INJ							
		Ejected Ejection Path				Trapped/Extricated			
		M. F. 17							
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death		Time of Death			
		• •							
		Distracted By Source				1			
		Distracted By							
		Distracted By Action							
		Non Motorist Striking Unit #	ocation						

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		Prior Action					
		Action					
		7. Calon					
	7						
-	Ď						
FNO	INDIVIDUAL						
_	ቯ						
	=						
		Action Other		To/From School			
	L	Orug & Alcohol NO	Use	Suspected Drug Use NO			
İ		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN Drug Test Typ		Drug Test Result		s	
2	001	Drug Type	•				
	0						
		Individual Condition					
		APPEARED NORMAL					
		AFFEARED NORMAL					

Wisconsin Motor Vehicle Crash

Form DT4000