

6TL09CGFCL

19-11521

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, Investigating Officer/Deputy DEPUTY K. MUELLER, Crash Date 09/14/2019, Crash Time 99:99, Date Arrived, Time Arrived, Date Notified 09/14/2019, Time Notified 09:18 PM, 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 USH12 EB 0.38 MI N OF PRAIRIE RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY, Latitude 43.320314017, Longitude -89.759132411, X Coordinate 276274.21875, Y Coordinate 4800083.5, Structure Type

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 AUTOMOBILE, Vehicle Type PASSENGER CAR, Operating As Endorsements, Total Occs 3, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel SOUTHBOUND, 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 | License Plate Number 708BKC | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1G4HE5EM9AU120396 | Make BUICK | Year 2010 | Model LUCERNE CX |
| | Color GRY - GRAY | Body Style 4D - 4DR | Bus Use NOT A BUS | |
| | Initial Contact Point 12--FRONT | Vehicle Damage | | |
| | Extent Of Damage MINOR DAMAGE | 11--LEFT FRONT CORNER, 12--FRONT, VEHICLE NOT AT SCENE | | |
| | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | |
| | What Driver Was Doing | Vehicle Factors | | |
| Driver Prior Action Other | | | | |
| 01 UNIT VEHICLE | Driver Actions UNKNOWN | | | |
| | Owner Name | Owner Address | | |
| 01 UNIT INDIVIDUAL | Policy Holder | | | |
| | Insurance Company WEST-BEND-MUTUAL-INS-CO | Individual PAUL JESBERGER | | |
| | Individual | | | |
| 01 UNIT INDIVIDUAL | Driver HERMAN VIRGIL MACK (608) 963-4134 | Citations Issued 0 | Sex MALE | |
| | | Date of Birth | Race WHITE | |
| | Address 126 FOX RUN SAUK CITY, WI 53583 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| | Safety Equipment | On Duty Crash | Safety Equipment | |
| | Seat Position | RESTRAINT USE UNKNOWN | | |
| | Helmet Use | Helmet Compliance | | |
| | Eye Protection | Tint Compliance | | |
| 01 UNIT INDIVIDUAL | Injury | Injury Severity NO APPARENT INJURY | Airbag | |
| | Ejected | Ejection Path | Trapped/Extricated | |
| | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run # | |
| | Hospital | Date of Death | Time of Death | |
| | Distracted By | Distracted By Source | | |
| | Distracted By Action | | | |
| Non Motorist | Striking Unit # | Location | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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| UNIT | INDIVIDUAL | Prior Action | | | | | |
| | | Action | | | | | |
| | | Action Other | | | To/From School | | |
| | | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | |
| | | Drug Type | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | |
| | | 01 | 001 | | | | |
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