6TL09JDKXM

19-11372

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Document #			3				vestigating Officer/Deputy EPUTY B. SCHLOUGH			
Σ	Crash Date Crash Time 09/12/2019 07:30 AM			Date Arrived		Time	Time Arrived				
X	09/12/2019 07:30 AM Date Notified Time Notified			Total Units			Total	Total Injured 1		Total Killed	
à	09/12/2019 07:35 AM			01		00			00	4	
6TL09JDKXM	On Emergency	t and Run	Lane Closu		e Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Property Active School Zone NO				ied Tags						
	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR				RY	Amended Secondary Crash			Secondary Crash		
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
	ON SCOTT LN 0.31 MI W				Latitude 43.579591812			Longitude -89.829539606			
	OF STH23 EB				X Coordinate			Y Coordinate			
	IN THE TOWN OF DELTON	IN THE TOWN OF DELTON IN SAUK COUNTY				271543.75			4829071		
						Structure Type					
	Crash Scene										
•	First Harmful Event					First Harm	ful Event Lo	ocation			
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROA					
	Manner of Collision NO COLLISION W/VEHICLE		-			Light Cond	lition				
	Road Surface Condition(s)	IN TRANSPORT				Roadway Factor(s)					
							40101(0)				
	Environment Factor(s)										
	Environment racion(3)										
	Weather Condition(s)										
	unimal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
	Crash Classification - Location										
						NO SPECIAL JURISDICTION					
	Tribal Land				Access Control Special Study						
	Unit Summary										
	Unit Status		Veh	icle Opera	ating As C	lassification		Unit Type			
	IN TRANSIT D CLASS						TRUCK				
01						Operating As Endorsements			ments		
	UTILITY TRUCK/PICKUP TRUCK Total Occs Train/Bus # Recorded Total # Citations Is			ne leeuod	d Total Traile		ers Total HazMat 1		Mat Types		
	1		0				0			0	
		Direction Of Travel		_ Pre CrashTire Spe		Speed Lin	eed Limit Total		al Lanes		
UNIT											
S	Most Harmful Event: Collision With Special Function NON DOMESTICATED ANIMAL (ALIVE) NO SPECIAL FUNC			Emergency Motor Vehicle Use NOT APPLICABLE							
	Traffic Way Traffic Control					Traffic Control Inoperative/Missing					
	Surface Type Road Curvature						Road Crada				
						Road Grade					
	Truck Bus or HazMat						<u> </u>				
	NO										
	Vehicle										

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		License Plate Number		Plate Type	St	Country of Issuance				
		LF9398		LTK - LIGHT TRUCK	wi	UNITED STATES				
		Vehicle Identification Number		Make	Year	Model				
2	01	1GTG6DEN9H1143012		GENERAL MOTORS COR	2017	CANYON				
		Color		Body Style		Bus Use				
				PK - PICKUP		NOT A BUS				
	VEHICLE	Initial Contact Point		Vehicle Damage						
E		1RIGHT FRONT CORNER		1RIGHT FRONT CORNER						
UNIT		Extent Of Damage								
		FUNCTIONAL DAMAGE								
	-	Towed Due To Damage		Vehicle Removed By						
	NOT TOWED			OPERATOR						
	What Driver Was Doing			Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
	щ	NO CONTRIBUTING ACTION								
E	CL									
UNIT	Ĭ									
	VEHICLE									
	-									
		Owner Name		Owner Address						
_	-									
2	01									
		Policy Holder								
UNIT		Insurance Company	la dividual							
5		AMERICAN-FAMILY-INS-CO		Individual JAMES JACOBSON						
		Individual		Ottations lasured						
		Driver JAMES LYNN JACOBSON		Citations Issued		Sex				
	٩L	(608) 408-0606		0		MALE				
	NDIVIDUA	,	Date of Birth		Race WHITE					
UNIT		Address				Driver License Number				
5	D	E9458 WILDFLOWER DR		Driver License Number						
	N	REEDSBURG, WI 53959, US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty Crash		Safety Equipment						
	Safety Equipment									
	1	Seat Position		SHOULDER & LAP BELT						
				SHOULDER & LAF BELT	•					
		Helmet Use			·					
		Helmet Use		Helmet Compliance						
		Helmet Use Eye Protection								
				Helmet Compliance						
-	1	Eye Protection		Helmet Compliance						
01	001	Eye Protection	NT INJURY	Helmet Compliance						
01	001	Eye Protection Injury Severity NO APPARE	NT INJURY	Helmet Compliance		Trapped/Extricated				
01	001	Eye Protection Injury Severity NO APPARE		Helmet Compliance		Trapped/Extricated				
01	001	Eye Protection Injury Severity NO APPARE		Helmet Compliance		Trapped/Extricated EMS Run #				
01	001	Eye Protection Injury Severity NO APPARE Ejected Ejection		Helmet Compliance Tint Compliance Airbag						
01	001	Eye Protection Injury Severity NO APPARE Ejected Ejected Medical Transport		Helmet Compliance Tint Compliance Airbag						
01	001	Eye Protection Injury Severity NO APPARE Ejected Ejectic Medical Transport NOT TRANSPORTED Hospital Ejected	on Path	Helmet Compliance Tint Compliance Airbag EMS Agency Identifier		EMS Run #				
01	001	Eye Protection Injury Severity NO APPARE Ejected Ejected Ejection Medical Transport NOT TRANSPORTED Hospital Distracted By S	on Path	Helmet Compliance Tint Compliance Airbag EMS Agency Identifier		EMS Run #				
01	001	Eye Protection Injury Severity NO APPARE Ejected Ejection Medical Transport Ejection NOT TRANSPORTED Hospital Distracted By Distracted By S	on Path	Helmet Compliance Tint Compliance Airbag EMS Agency Identifier	·	EMS Run #				
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		Prior Action					
UNIT	INDIVIDUAL	Action					
	L	Action Other Suspected	Alcohol Use	Suspected Drug Use			To/From School
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	1		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
9	001	Drug Type			•		
		Individual Condition					
		APPEARED NORMAL					