6TL092T5NV 19-12516

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash			Agency Crash Number 19-12516			Investigating Officer/Deputy DEPUTY J. KIRKENG				
>	Crash Date	Crash Time			Date Arrived		Time	Time Arrived				
Z	10/07/2019 Date Notified	07:30 PM Time Notified		T	••							
2T5	10/07/2019	07:43 PM		Total Ur	nits		Total Injured 00		Total Killed 00			
-092T5NV	On Emergency	Hit and Run	t and Run Lane Close		Work Zone			Trailer or Towed			Reporting Threshold	
6TL	Government Property	chool Zone	School Bus Related NO			Tags	Tags					
	Crash Type NON-DOMESTICATED ANIMAL W/ NO IN				IO INJUF	RY		Amended			Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
ĺ	Location											
	ON STH23 EB 1278 FT N				Latitude 43.46316	6357		Longitude -90.029862238				
	OF SAND HILL RD IN THE TOWN OF WESTFIELD				X Coordinate 254897.671875			Y Coordinate 4816711				
	IN SAUK COUNTY				Structure Type NO STRUCTURE							
(Crash Scene					•						
1	First Harmful Event					First Harm	ful Event Lo	ocation				
	NON DOMESTICATED				ON ROADWAY							
	Manner of Collision					Light Condition						
	NO COLLISION W/VEHI	ICLE IN TRANSPOR	RT									
	Road Surface Condition(s)					Roadway F	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 Tribal Land					NO SPECIAL JURISDICTION Access Control Special Study						
	iliyai Land				Access Control Special Study							
į	Unit Summary											
	Unit Status		Veh	icle Opera	ating As C	lassification		Unit Type				
	IN TRANSIT			D CLASS				TRUCK				
10	Vehicle Type					Operating As Endorsements						
0	UTILITY TRUCK/PICKUP TRUCK Total Occs Train/Bus # Recorded Total # Citations Issued						Tatal Tanilana			T		
	Total Occs 1	Train/Bus # Reco	Tota 0	al # Citatio			0	otal Trailers		Total HazMat Types 0		
_	Insurance? YES	Direction Of Trav			rashTire Spe		Speed Lin	ed Limit		Total Lanes		
UNIT	Most Harmful Event: Collision With Special Function							Emergency Motor Vehicle Use				
ا ر	NON DOMESTICATED ANIMAL (ALIVE) NO SPECIAL FUNC				TION		NOT APPLICABLE					
	Traffic Way Traffic Control						Traffic Control Inoperative/Missing					
	Surface Type Road Curvature				ıre			Road Grade				
	Truck Bus or HazMat							1				
	NO											
	Vahiala											

Crash Date 10/07/2019

Crash Time 07:30 PM

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		License Plate Number	Plate Type St		Country of Issuance				
		BB30891	LTK - LIGHT TRUCK	MI	UNITED STATES				
5	_	Vehicle Identification Number	Make Year		Model				
0	5	1GCJC33101F192679	CHEVROLET	2001	SILVERADO				
			Body Style		Bus Use				
		BLK - BLACK	TK - TRUCK		NOT A BUS				
	Щ	Initial Contact Point	Vehicle Damage						
LIND	VEHICL	11LEFT FRONT CORNER	Q., I SET SIDE MIDDLE 10., I SET SIDE EDONT 11., I SET SPONT CORNER 12.						
5		Extent Of Damage	9LEFT SIDE MIDDLE, 10LEFT SIDE FRONT, 11LEFT FRONT CORNER, 12 FRONT						
		MINOR 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							
╘	占								
L	Ĭ								
_	VEHICLE								
		Owner Name	Owner Address						
6	9								
		Delieu Helder							
L		Policy Holder							
5		Insurance Company TRANSPORTATION-INS-CO	Individual DANNY CRONIN						
			DANNY CRONIN						
		ndividual							
		Driver	Citations Issued		Sex				
	ب	DANNY CRONIN	0		MALE				
	Ā	(269) 240-7558	Date of Birth		Race				
╘	₫				WHITE				
	INDIVIDUAL	Address	Driver License Number						
	닐	218 MARKS ST NILES, MI 49120 , US	STATE: MICHIGAN COUNTRY: UNITED STATES						
	_	MILLO, MII 49120 , 00	OTATE: MIIOTIOAIT OC	JOH 111 1 1 0 1	WILD STATES				
	Saf	On Duty Crash Tety Equipment	Safety Equipment						
	Sai								
		Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
			LAirbag						
7	90	Injury Severity Injury NO APPARENT INJURY	Airbag						
	0				Transad/Cytricated				
		Ejection Path			Trapped/Extricated				
		Medical Transport	EMS Agonov Idontifier		EMO D. #				
		•	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	Date of Death		Time of Death				
		Hospital	Date of Death		Time of Death				
		Dickroate d Dr. Corres							
		Distracted By Source							
		Distracted By Action							
	Striking Unit # Location								
		Striking Unit # Location							

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	Prior Action						
	Action						
AL							
C							
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Ē							
=							
	Action Other					To/From School	
L	Drug & Alcohol NO	cohol Use	NO Suspected Drug Use				
	Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
				_			
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Type				
01	Drug Type			•			
0							
	Individual Condition						
	ADDEADED MODMAL						
	APPEAKED NORMAL						
	001 INDIVIDUAL	Action Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type	Action Action Other Drug & Alcohol NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Action Other Action Other	Action Other Drug & Alcoho Suspected Alcohol Use NO Suspected Drug Use NO	Action Other Drug & Alcohol Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Type Drug Test Results Drug Te	