6TL0BJ1GJD 19-13700

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash I			Agency Crash Number 19-13700			Investigating Officer/Deputy DEPUTY J. MACASKILL				
Δ	Crash Date	Crash Time			Date Arrived			Time Arrived				
JD	11/03/2019	05:45 PM										
J1G	Date Notified 11/03/2019	05:46 PM	Time Notified Total Units 05:46 PM 01		nits	Tota 00		otal Injured Total Killed 00		1		
0B	On Emergency	Hit and Run	and Run Lane Closu		Work Zone			Trailer or Towed			Reporting Threshold	
6TL	Government Active School Zon			School Bus Related NO			Tags	Tags				
	Crash Type NON-DOMESTICATED ANIMAL W/ NO IN				IO INJUF	RY		Amended			Secondar Crash	у
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
ĺ	Location											
	ON STH33 EB					Latitude	7040		Longitude			
	0.73 MI W OF TWIN PINE RD				43.55465 X Coordina		-90.063974661 Y Coordinate					
	IN THE TOWN OF REEDSBURG IN SAUK COUNTY				252512.46875 Structure Type				4826973.5			
							71 -					
(Crash Scene											
]	First Harmful Event					First Harm	ful Event Lo	cation				
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROADWAY						
	Manner of Collision	0. F III TO ANGO O	_			Light Condition						
	NO COLLISION W/VEHI	CLE IN TRANSPOR	T									
	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 PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
	Tribal Land					Access Control Special Study						
i	Unit Summary											
					e Operating As Classification			Unit Type				
				D CLASS				TRUCK				
01	Vehicle Type UTILITY TRUCK/PICKUP TRUCK					Operating As Endorsements						
	Total Occs Train/Bus # Recorded Total # Citations Issued						Total Trail	lers Total Haz		Mat Type	es.	
	1		0	ar ii Ottatic			0			0		
	Insurance?	Direction Of Trave			rashTire	asiiiie		eed Limit		Total Lanes		
UNIT	YES SOUTHBOUND Mark Most Harmful Event: Collision With Special Function			Emergency Motor Vehicle Use								
D	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						<u> </u>					
	NO NO											
	Vahiala											

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		License Plate Number	Plate Type	St	Country of Issuance				
		JM2959	LTK - LIGHT TRUCK	WI	UNITED STATES				
5	5	Vehicle Identification Number 1GCVKREC3HZ323747	Make Year CHEVROLET 2017		Model SILVERADO				
		Color	Body Style	2017	Bus Use				
E		BLK - BLACK	PK - PICKUP		NOT A BUS				
	щ	Initial Contact Point	Vehicle Damage		<u> </u>				
	VEHICL	12FRONT							
UNIT	포	Extent Of Damage	1RIGHT FRONT CORNER, 12FRONT						
	Ä	MINOR DAMAGE							
		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR White Factors						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions	<u>I</u>						
	щ	NO CONTRIBUTING ACTION							
UNIT	<u> </u>								
5	VEHICLE								
	>								
		Owner Name	Owner Address						
_	_								
5	5								
⊨	ı	Policy Holder							
LINO		Insurance Company	Individual						
		ALLSTATE-INS-CO	THOMAS KERL						
		ndividual							
		Driver THOMAS R KERL	Citations Issued 0		Sex MALE				
	A.	(608) 449-4848	Date of Birth		Race				
_	INDIVIDUAL		Bato of Bitti		WHITE				
	₹	Address	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment						
ر	물	711 W LADD LN EDGERTON, WI 53534 , US							
		EBGERTON, WI 33334 , GO							
		On Duty Crash							
	Sat	ety Equipment	Salety Equipment	Salety Equipment					
		Seat Position	SHOULDER & LAP BELT Helmet Compliance Tint Compliance						
		Helmet Use							
		Eye Protection							
		Lyc i lototion	Tint Compilance						
_	Ξ	Injury Severity	Airbag						
0	00	Injury NO APPARENT INJURY							
		Ejected Ejection Path			Trapped/Extricated				
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	Livio Agency Identifier		Line Null #				
		Hospital	Date of Death		Time of Death				
		Distracted By Source							
		Distracted By Action							
		Distraction by Notion							
		Striking Unit # Location							
		Non Motorist							

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		Prior Action					
İ		Action					
	AL						
⊨	20						
LNO	⋝						
-	INDIVIDUAL						
	_						
		Action Other					To/From School
	Drug & Alcohol NO			Suspected Drug Use NO			
İ				hol Test Type		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type	rug Test Type			
2	001	Drug Type	•		•		
0	Ŏ						
		Individual Condition					
APPEARED NORMAL							
		AFFEARED NORWAL					