6TL09PBQCJ

19-13481

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override		Primary Crash Document #		Agency Crash Number 19-13481			Investigating Officer/Deputy DEPUTY B. STODDARD					
.09PBQCJ	Crash Date 10/30/2019		Crash Time 05:26 AM		Date Arrived		Time	Time Arrived					
	Date Notified 10/30/2019		Time Notified 05:26 AM		Total Units 01			Total		Total Killed			
	On Emergency Hit		and Run Lane Closure		ure	Work Zone			Trailer or Towed		Reporting Threshold		
6TL	Government Active School Zone				School Bus Related Ta			Tag					
	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.												
ĺ	ocation ————————————————————————————————————												
	ON STH33 EB 0.29 MI W					Latitude 43.51529	7637		Longitude -89.803697529				
	OF SAND RD IN THE TOWN OF DELTON IN SAUK COUNTY				X Coordinate 273389.375			Y Coordinate 4821859.5					
	IN OAGIN GOOM I						Structure 7	Гуре					
	Crash Scene												
1	First Harmful Event					First Harmful Event Location							
	NON DOMESTICATED ANIMAL (ALIVE) Manner of Collision							ON ROADWAY					
								Light Condition					
	NO COLLISION W/VEH	IICLE I	N TRANSPOR	Т									
	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					Crash Classification - Jurisdiction							
	PUBLIC PROPERTY						NO SPECIAL JURISDICTION			N			
	Tribal Land					Access Control Special Study							
	Unit Summary												
	Unit Status Vehicle Operating As C					lassification		Unit Type					
	IN TRANSIT D CLASS							AUTOMOBILE					
_	Vehicle Type							Operating As Endorsements		nents			
01	PASSENGER CAR												
	Total Occs	Т	rain/Bus # Record	ded Tota	al # Citatio	ns Issued		Total Trai	lers	Total Hazi	Mat Types		
	1			0				0		0			
_	Insurance? YES		Pirection Of Trave		Pre CrashTire Speed Mark			Speed Lir	Limit Total Lanes				
UNIT	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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		License Plate Number	Plate Type	St	Country of Issuance				
		A7215UE	AUT - AUTOMOBILE	WI	UNITED STATES				
2	2	Vehicle Identification Number	Make Year CHEVROLET 2009		Model				
٠	0	2G1WB57K091239163		2009	IMPALA LS Bus Use				
-		Color WHI - WHITE	Body Style 4D - 4DR		NOT A BUS				
	ш	Initial Contact Point	Vehicle Damage						
	긍	11LEFT FRONT CORNER	Tomoo Damago						
UNIT	VEHICL	Extent Of Damage	10LEFT SIDE FRONT, 11LEFT FRONT CORNER, 12FRONT						
_	VE	FUNCTIONAL DAMAGE							
		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Drive Action Other	4						
		Driver Prior Action Other							
		Driver Actions							
	щ	NO CONTRIBUTING ACTION							
╘	겅								
LINO	VEHICLE								
	7								
		Owner Name							
		Owner Name	Owner Address						
6	2								
_		Policy Holder							
LINO		Insurance Company	Individual						
_		STATE-FARM-GENERAL-INS-CO	BRIAN SADLER						
	ı	Individual							
		Driver	Citations Issued		Sex				
	Ļ	BRIAN SADLER (262) 939-3518	0		MALE				
	INDIVIDUAL	(202) 303 3010	Date of Birth		Race WHITE				
	\exists	Address	Driver License Number		1				
5	₫	414 EASTRIDGE DR	Driver License Number						
	Z	REEDSBURG, WI 53959 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Crash fety Equipment	Safety Equipment						
	Gai	Seat Position	CHOILL DED & LAB DELT						
		Seat Fosition	SHOULDER & LAP BELT Helmet Compliance Tint Compliance						
		Helmet Use							
		Eye Protection							
		Unium Soverity	LAirbag						
6	90	Injury Severity NO APPARENT INJURY	Airbag						
		Ejected Ejection Path			Trapped/Extricated				
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED			Time of Death				
		Hospital	Date of Death		Time of Death				
		Distracted By Source							
		Distracted By							
		Distracted By Action							
		Striking Unit # Location							

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Crash Date 10/30/2019

Crash Time 05:26 AM

ı		Prior Action						
		Phot Action						
 		Action						
	ļ							
l <u>. </u>	۸U							
LIND	Π							
□	INDIVIDUAL							
	Z							
		Action Other		To/From School				
	L	Drug & Alcohol No	Jse	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 Type		Drug Test Result		ılts		
2	001	Drug Type						
	0							
ŀ		Individual Condition						
		APPEARED NORMAL						