6TL09CGFCS 19-14008

Wisconsin Motor Vehicle Crash

Form DT4000

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 19-14008			Investigating Officer/Deputy DEPUTY K. MUELLER				
ETL09CGFCS	Crash Date 11/10/2019		Crash Time 06:00 PM		Date Arrived		Time	Time Arrived				
	Date Notified 11/10/2019		Time Notified 06:33 PM		Total Units 01		Total 00		I Injured Total Killed 00			
	On Emergency Hit		and Run	and Run Lane Closu		☐ Work Zone			Trailer or Towed		Reporting Threshold	
3TL	Government Active School Zone				School Bus Related 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 CTHW WB 977 FT E					Latitude 43.45290	6428		Longitude -89.804506893			
	OF ROCK HILL RD IN THE TOWN OF BARABOO IN SAUK COUNTY					X Coordinate 273090.34375			Y Coordinate 4814932			
							Structure 7	уре				
	Crash Scene											
1	First Harmful Event						Firet Harm	ful Event L	ocation			
	NON DOMESTICATED ANIMAL (ALIVE)						First Harmful Event Location ON ROADWAY					
	Manner of Collision	AINIII	AL (ALIVL)				Light Cond					
	NO COLLISION W/VEH	IICI F I	N TRANSPOR	г			Light Condition					
	Road Surface Condition(s)		it manor on	•			Roadway Factor(s)					
	rtoad odridoc ooridiiori(3)						Roddway	actor(3)				
	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 JURISDICTI				
	Tribal Land						Access Control Special Study					
l	Unit Summary											
i	Unit Status			Veh	icle Opera	itina As C	lassification		Unit Type			
	IN TRANSIT D CLA								AUTOMOBILE			
	Vehicle Type								Operating As Endorsements			
01	(SPORT) UTILITY VEHICLE											
	Total Occs Train/Bus # Recorded			ded Tota	Total # Citations Issued		Total Traile		ers	Total Hazl	Mat Types	
	2			0				0		0		
	Insurance?	0	Direction Of Trave		Pre Ci	re CrashTire			peed Limit		Total Lanes	
<u>⊢</u> ∣	YES WESTBOUND IT Mark											
UNIT	Most Harmful Event: Collision With Special Function								Emergency Motor Vehicle Use		cle Use	
	NON DOMESTICATED ANIMAE (ALIVE)				AL FUNCTION			NOT APPLICABLE				
	Traffic Way				Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type Road Curvature					re	Road Grade					
	Truck Bus or HazMat											
	Vehicle											

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		License Plate Number		ate Type	St	Country of Issuance				
		AFP5171		JT - AUTOMOBILE	WI	UNITED STATES				
01	01	Vehicle Identification Number 1GNSKJE75DR145168		ake HEVROLET	Year 2013	Model K1500 SUBU				
	0	Color		dy Style	2013	Bus Use				
		SIL - SILVER (ALUMINUM)		Γ - SPORT UTILITY VEH	HCLE	NOT A BUS				
	щ	Initial Contact Point		Vehicle Damage						
╘	VEHICLE	12FRONT								
LNO	Ξ	Extent Of Damage		12FRONT						
	>	DISABLING DAMAGE								
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing		CRAIGS TOWING Vehicle Factors						
		What Driver was Doing	Ve	Venicie Pactors						
		Driver Prior Action Other								
		Driver Actions	•							
	LE	NO CONTRIBUTING ACTION								
L	⊒C									
5	VEHICLE									
	>									
		Owner Name		Owner Address						
5	01									
0	0									
					_					
╘		Policy Holder								
LNO		Insurance Company AMERICAN-FAMILY-INS-CO		Individual JOHN PETERSON						
		ndividual Driver		Citations Issued		Sex				
		JOHN P PETERSON JR		0		MALE				
	JAI	(608) 585-2102	ŀ	Date of Birth		Race				
╘	ום					WHITE				
)IV	Address		Driver License Number						
	INDIVIDUAL	24854 KEYESVILLE RIDGE DR RICHLAND CENTER, WI 53581, US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	_	On Duty Crash		Safety Equipment						
	Saf	ety Equipment		SHOULDER & LAP BELT						
		Seat Position								
				Halmat Campliana						
		Helmet Use		Helmet Compliance Tint Compliance						
		Eye Protection								
		•								
5	001	Injury Severity		Airbag						
	0	Injury NO APPARENT INJ			Trapped/Extricated					
		Ejection Path			Trapped/Extricated					
		Medical Transport	I	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				
Distracted By Source Distracted By Source										
Distracted By Action										
		Striking Unit #	ocation							
		Non Motorist								

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Crash Date 11/10/2019

Crash Time 06:00 PM

		Prior Action								
İ		Action								
	¥									
LIND	<u></u>									
5	\geq									
	INDIVIDUAL									
		Action Other					To/From School			
		Action Other					TO/FIGHT SCHOOL			
ŀ	_	Suspected Alcohol I								
		Drug & Alcohol No		NO						
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN	D T /T	Dec. 17 - 44 T. 18 -						
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results					
l_	_	Drug Type								
2	00	2.29 1/62								
ļ										
		Individual Condition								
		APPEARED NORMAL								