6TL0B3P3FR 19-15849

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 19-15849			Investigating Officer/Deputy DEPUTY S. PARKHURST			
FR	Crash Date 12/28/2019	Crash Time 05:33 PM			Date Arrived		Time	Time Arrived			
3P3	Date Notified 12/28/2019	Time Notified 05:35 PM			Total Units 01		Tota 00	1 '		Total Killed 00	
6TL0B3P3FR	On Emergency	lit and Run	and Run Lane Clos		ure Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Active School Zone		hool Zone	School Bus Related NO		Tags	Tags				
	✓ Reportable	Crash Type NON-DOMES	TICATED ANIM	AL W/ N	IO INJUF	RY		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
F	ON CTHA NB					Latitude Longitude				le	
	0.39 MI S					43.555687532 X Coordinate 278802.46875				3556394	
	OF MOON RD									inate	
	IN THE TOWN OF DELTON										
	IN SAUK COUNTY					Structure Type			10-011	4020110	
						Otractare	турс				
L											
	Crash Scene										
Ī	First Harmful Event					First Harm	nful Event Lo	ocation			
	NON DOMESTICATED ANI	MAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEH	ICLE IN TRANSF	PORT								
ŀ	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
•	Weather Condition(s)										
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER Crash Classification - Location PUBLIC PROPERTY Tribal Land					TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
								SDICTION			
-						Access Control				Special Study	
L	Line it Common and										
	Unit Summary		I Vah	iala Onare	otina As C	lassification		11.2 T			
					Vehicle Operating As Classification			Unit Type	DII E		
					D CLASS			AUTOMO			
01	Vehicle Type							Operating I	As Endorser	nents	
	PASSENGER VAN Total Occs Train/Bus # Recorded Total # Citations Issu					Total Trailers Total HazMat Types			M . T		
	Total Occs	rain/Bus # Record		al # Citatio	ns Issued			ers		Mat Types	
ļ	4	Discreti CCT		0			0	_		0	
⊢	Insurance? YES	NORTHBOUND		Pre CrashTire Mark		Speed		imit Total Land		es	
LINO	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use		
ا ر	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE		
ŀ	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
ŀ	Surface Type			Road Curvature				Road Grade			

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	-	Truck Bus or HazMat							
	Iruc	ck bus of HazMat							
	,	Vahiala							
		Vehicle License Plate Number Plate Type St Country of Issuance							
		AGT1614		UT - AUTOMOBILE	WI	UNITED STATES			
		Vehicle Identification Number		lake	Year	Model			
01	2	2C4RC1EG3KR635930		HRYSLER	2019	PACIFICA			
		Color		ody Style	2013	Bus Use			
		SIL - SILVER (ALUMINUM)		'N - VAN		bus ose			
	쁫	Initial Contact Point		Vehicle Damage					
_		11 - LEFT FRONT CORNER		Tomoro Damago					
UNIT	VEHICL	Extent Of Damage		09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER					
	Ē	FUNCTIONAL DAMAGE							
	>	Towed Due To Damage	V	Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing		ehicle Factors					
		g							
		Driver Prior Action Other							
		Driver Actions							
	Щ	NO CONTRIBUTING ACTION							
╘	VEHICLE								
UNIT	Ī								
_	Æ								
		Owner Name		Owner Address					
_	_								
01	6								
_		Policy Holder							
LNO		Insurance Company Individual							
		AMERICAN-FAMILY-INS-CO		JOHN DRESCHER					
		ndividual							
		Driver		Citations Issued	Sex				
		JOHN P DRESCHER		0		MALE			
	₹	(608) 495-1017		Date of Birth		Race			
┕	Ξ					WHITE			
E S	DIVIDUAL	Address		Driver License Number					
–	₫	1037 5TH ST BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	=								
		On Duty Crash		Safety Equipment					
	Sa	fety Equipment							
		Row Seat Pos	sition	SHOULDER & LAP I	BELT				
		Helmet Use		Helmet Compliance					
		Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance					
5	90			Airbag					
	0			LTdF.C.					
				Trapped/Extricated					
				LEMO A		EMO D. "			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED		Data of David		Time of Dooth			
		Hospital		Date of Death		Time of Death			
		I .				İ			

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		Distracted By							
		Distracted By Action							
	,	Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	IND								
		Action Other						To/From School	
							TO/TTOIN SCHOOL		
Drug & Alcohol NO			Suspected Alcohol U NO	se	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
5	001	Drug Type							
		Individual Condition							
		APPEARED NOR	MAL						