6TL0B4X4MR 20-00045

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 20-00045			Investigating Officer/Deputy DEPUTY E. KNULL				
A R	Crash Date 01/02/2020	Crash Time 06:30 AM			Date Arrived		Tim	Time Arrived				
6TL0B4X4MR	Date Notified 01/02/2020	Time Notified 06:44 AM			Total Units 01		Total 00		Injured Total Killed 00			
0B7	On Emergency	lit and Run	Lane Closu	ure	Wo	rk Zone		Trailer or 1	owed	Reporting Threshold		
eTL	Government Property	hool Zone	School Bus Related NO			Tag	Tags					
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RY Amended				Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
I	Location											
·	ON CTHF SB					Latitude Longitude						
	0.33 MI N	MI N				43.60281	1694	-90.0340		054371		
	OF FARBER RD	_				X Coordin	ate	Y Coordinate		inate		
	IN THE TOWN OF WINFIELD	D				255124.796875				4832233.5		
	IN SAUK COUNTY					Structure	Tyne					
							UCTURE					
(Crash Scene										_	
Ī	First Harmful Event					First Harm	ıful Event L	ocation				
	NON DOMESTICATED ANIM				ON ROADWAY							
ŀ	Manner of Collision					Light Condition						
	00 - NO COLLISION W/VEH	ICLE IN TRANSI	PORT			Ligiti Gott						
ŀ	Road Surface Condition(s)					Roadway	Factor(s)					
	rtoda Gariaco Gorialion(o)					rtodaway	1 40101(0)					
ŀ	Environment Factor(s)											
ĺ	Weather Condition(s)					1						
	Animal Type	**				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION							
	Tribal Land					Access Control Special Study						
Į												
Į.	Unit Summary											
	Unit Status Vehicle Ope				le Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS				AUTOMO	BILE			
_	Vehicle Type					Operating As Endorsements						
0	(SPORT) UTILITY VEHICLE											
İ	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Traile		ilers Total Haz		Mat Types		
	1	0		0		0		0				
İ	Insurance?	Direction Of Travel			Pre CrashTire		Speed Lir		Total Land	es		
UNIT	YES SOUTHBOUND				ark							
	Most Harmful Event: Collision With			cial Function				Emergency Motor Vehicle Use				
ا ر	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA	L FUNC	TION		NOT APPLICABLE				
ŀ	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade				

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	Truc	ruck Bus or HazMat							
	,	Vehicle							
10	VEHICLE 01	License Plate Number 11394ER	Plate Type ENN - ENDANGERED RE	St WI	Country of Issuance UNITED STATES				
		Vehicle Identification Number 3C4PDDBG5CT175355	Make DODGE	Year 2012	Model JOURNEY SX				
		Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHIC	CLE	Bus Use				
⊨		Initial Contact Point 12 - FRONT	Vehicle Damage						
UNIT		Extent Of Damage DISABLING DAMAGE	12 - FRONT, 14 - UNDERCARRIAGE						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
	ш	Driver Actions NO CONTRIBUTING ACTION							
UNIT	VEHICLE								
_	VE!								
		Owner Name	Owner Address						
9	2								
⊨	ı	Policy Holder							
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO	Individual GLENN CULBERTSON						
	INDIVIDUAL	Individual							
		Driver GLENN A CULBERTSON JR	Citations Issued 0		Sex MALE				
_		(608) 415-0265	Date of Birth		Race WHITE				
TINO.		Address E4176 HWY F	Driver License Number						
		LA VALLE, WI 53941 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
2	00	Injury Severity NO APPARENT INJURY	Airbag						
		Ejected Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	ier EMS Run #					
		Hospital	Date of Death		Time of Death				

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		Distracted By	Distracted By Source)						
		Distracted By Action								
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	UAL									
UNIT	INDIVIDUAL									
	N									
								I		
		Action Other						To/From School		
	Drug & Alcohol 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					
10	001	Drug Type								
		Individual Condition								
			APPEARED NORMAL							