WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

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	Document Number Override			Agency Crash Number 20-00204		Investigating Officer/Deputy DEPUTY J. KIRKENG			
7	Crash Date 01/05/2020	Crash Time 08:25 PM		Date Arrived 01/05/2020		Time Arrived 08:44 PM			
2T5F	Date Notified 01/05/2020	Time Notified 08:25 PM		Total Units 01		Total Injured 00			
-09	On Emergency	and Run Lane Closu		ıre Work Zone		Trailer or	Γowed	Reporting Threshold	
6T I	Government Property	Active School Zone		School Bus Related NO		Tags			
	✓ Reportable	Crash Type DT4000 (STA	Crash Type DT4000 (STANDARD CRASH)			Amended		Secondary Crash	

Description



✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS TRAVELING S/B ON LUEDTKE RD WHEN A DEER ENTERED THE ROADWAY. UNIT 1 STRUCK THE DEER BUT WAS SWERVING TO AVOID IT CAUSING UNIT 1 TO EXIT THE ROAD AND STRIKE A TREE.

Location

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Crash Time 08:25 PM

		EUEDTKE RD FT N			Latitude Longitude -90.059126779					
	-	KATUIN RD		X Coordin			Y Coordinate			
		HE TOWN OF WINFIE	LD	252955.65625 4828360						
	IN S	AUK COUNTY				Structure Type				
							UCTURE			
	Cra	sh Scene				1				
1		Harmful Event				Firet Harn	nful Event Lo	eation		
		N DOMESTICATED AN	ΙΙΜΔΙ (ΔΙΙVF)			ON ROA		ocation		
		ner of Collision	MINAL (ALIVE)			Light Con				
	00 -	NO COLLISION W/VE	HICLE IN TRANSPORT			DARK/U				
		d Surface Condition(s)				Roadway				
	DR۱	,								
						1				
	Envi	ronment Factor(s)								
	ANI	MAL (S) IN ROADWA	1			NONE				
	Wea	ther Condition(s)								
	CLC	DUDY								
	Anim	nal Type				Dalation	To Trofficus			
	DEE	••					「o Trafficway CWAY - Ol			
		h Classification - Location					ssification -			
		BLIC PROPERTY						ISDICTION		
	Triba	al Land				Access C	ontrol		Special Study	
						NO CON	ITROL			
	With	in Interchange Area	Junction Location		Intersection	n Type				
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION			
į	Uni	t Summary =								
		Status		Vehicle Ope	erating As C	Classification Unit Type				
	IN T	RANSIT		D CLASS		AUTOMOBILE				
01		cle Type						Operating /	As Endorsements	
0	•	ORT) UTILITY VEHICL								
		Occs	Train/Bus # Recorded		Total # Citations Issued		Total Trail	ers	Total HazMat Types	
	2	0	Direction Of Travel	0		0		sit.	Total Lanes	
	YES	rance?	SOUTHBOUND	Pre	CrashTire Mark	•	Speed Lim	III.	2	
		Harmful Event: Collision \		Special Fun		33		Emergency	Motor Vehicle Use	
5	TRE		· · · · · · · · · · · · · · · · · · ·		NO SPECIAL FUNC		CTION		NOT APPLICABLE	
		ic Way		Traffic Cont	Traffic Control			Traffic Control Inoperative/Missing		
	TWO	D-WAY, NOT DIVIDED		NO CONT	NO CONTROL		NO			
	Surfa	асе Туре	Road Curva	Road Curvature			Road Grade			
	COI	NCRETE		STRAIGH	Т			DOWNHILL		
		k Bus or HazMat								
	NO									
	'	Vehicle								
		License Plate Number		Plate Type		_	St	Country of Issuance		
		AED3341	AUT - AU	ТОМОВІІ	LE	WI	UNITED STATES			
5	5	Vehicle Identification Number					Year	Model JOURNEY SX		
	0	3C4PDDBG3DT60700	00	Body Style			2013	Bus Use	3^	
		SIL - SILVER (ALUM	UT - SPO		TY VEHIC	I F	Duo USE			
	ш	Initial Contact Point		Vehicle Da						
╘│		01 - RIGHT FRONT C	ORNER		Ū					
	/EHICL	Extent Of Damage					R, 02 - RIG	HT SIDE F	RONT, 11 - LEFT FRONT	
_	VE.	DISABLING DAMAG	CORNER	CORNER, 12 - FRONT						
		Notor Vehicle Crash	Thi	is report does not	inalitada ani	C 110 data			Crash Date 01/05/2020	

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		Towed Due To Damage		Vel	nicle Removed By			
		TOWED DUE TO DISABL	ING DAMAGE	ST	EVES AUTO SERVICE			
		What Driver Was Doing		Vel	nicle Factors			
		GOING STRAIGHT						
		Driver Prior Action Other		NC	OT APPLICABLE			
		Driver Actions						
	111	NO CONTRIBUTING ACT	TON					
—	VEHICLE							
UNIT	¥							
⊃	亩							
	>							
		Owner Name			Owner Address			
_	_	CALEB DAVID FRANTZ			S2423 MEADOWVIEW RD			
6	5	(608) 415-7465			REEDSBURG, WI 53959 , US			
	;	Sequence Of Events						
	2	Event NON DOMESTICATED A	NIMAL (ALIVE)					
	2	Event						
	02	DITCH						
	03	TREE						
	04	Event						
±	ı	Policy Holder						
LIND		Insurance Company ESURANCE-INSURANCE	E-COMPANY		Individual CALEB FRANTZ			
		Individual Driver		1	Citations Issued	Leav		
		CALEB DAVID FRANTZ (608) 415-7465			O	Sex MALE		
	¥				Date of Birth	Race		
—	INDIVIDUAL					WHITE		
UNIT	Σ	Address		ı	Driver License Number	-		
_	물	S2423 MEADOWVIEW RI REEDSBURG, WI 53959			STATE: WISCONSIN COUNTRY: UNITED STATES			
	_	KLLDSBOKG, WI 55959	, 00	OTATE: WIGGONOIN GOOKTIKT: GINTED GTATES				
			0 1					
	Sat	On Duty fety Equipment	y Crash	;	Safety Equipment			
		Row Seat Position			SHOULDER & LAP BELT			
		01 - FRONT ROW	07 - LEFT					
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
10	Ξ	Injury S						
NOW DEL COLED								
	Ejection Path			4 DDL 14	SADI E	Trapped/Extricated		
		NOT EJECTED NOT EJECTED/NOT AF Medical Transport			EMS Agency Identifier	NOT TRAPPED EMS Run #		
		NOT TRANSPORTED			EMS Agency Identifier	EIVIS RUIT#		
		Hospital			Date of Death	Time of Death		
		·		[
		Distracted By NOT A	ted By Source	TRACT				
		Distracted By Action	II I LIOADLE (NOT DIS	INAC				
		NOT DISTRACTED						

Wisconsin Motor Vehicle Crash Form DT4000

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		_								
		Non Motorist	Striking U	Jnit #	Location					
		Prior Action								
		Action								
	4									
╘	INDIVIDUAL									
LNO										
	Z									
		Action Other							To/From School	
		Drug & Alcohol	Suspecte	d Alcohol U	se	Suspected Drug Use				
	_	Alcohol Test Given			Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN			Drug Toet Typo		Drug Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type			Drug Test Results			
5	001	Drug Type								
		La dividual Caraditian								
		Individual Condition								
		APPEARED NORM	VIAL							
	ı	Individual Passenger Citations Issued Sex								
	_	Passenger TANNER JEFFRE	Y STEINI	HORST		0 MALE		Sex MALE		
_	INDIVIDUAL	(262) 305-4572			Date of Birth		Race WHITE			
	Ĭ	Address				Driver License Number				
_	Ĭ	E7710 STATE ROAD 154 ROCK SPRINGS, WI 53961, US			STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty	Oh						
	Sat	fety Equipment	On Duty (orasn .		Safety Equipment				
		Row Seat Position 01 - FRONT ROW 09 - RIGHT			SHOULDER & LAP	BELT				
		Helmet Use		09 - 101	5111	Helmet Compliance				
		Eye Protection			Tint Compliance					
			I=: C=-							
6	005	Injury	Injury Sev	venty PARENT II	NJURY	Airbag NON DEPLOYED				
Ejected Ejection Path Trap							Trapped/Extricated NOT TRAPPED			
		NOT EJECTED Medical Transport		NOT ESEC	JIED/NOT AFFE	EMS Agency Identifier		EMS Run #		
		NOT TRANSPORT Hospital	ED			Date of Death		Time of Death		
		Поорна				Bate of Beatin		Time of Beauti		
		Distracted By	Distracted	d By Source						
		Distracted By Action								
			Striking U	Jnit #	Location					
		Non Motorist	-							

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Crash Date 01/05/2020

Crash Time 08:25 PM

		Prior Action									
UNIT	INDIVIDUAL	Action Action Other						To/From School			
		7100011 0 01101						1 5/1 1 5/11 5 5/11 5 5/11			
	ı	Drug & Alcohol No			Suspected Drug Use NO						
		Alcohol Test Give		Alcohol Test Type	e		Alcohol Test Results				
		Drug Test Given TEST NOT GIV	Drug Test Given TEST NOT GIVEN Drug Test Type		Drug Test Results						
01	005	Drug Type									
		Individual Condition	ndividual Condition								
		APPEARED N	APPEARED NORMAL								
	Pro	perty Owne	er =====								
PROP OWNER 01	(608	ernment VNSHIP OF WIN 3) 524-6654			Address E6274 BASS RD REEDSBURG, WI 539	59 , US					
	Fixe	ed Objects S									
	5	Striking Unit 01	Struck Object DITCH					Damage Tag Number 0000			
	05	Striking Unit 01	Struck Object TREE					Damage Tag Number 0000			