6TL0BJ1GK7 20-05453

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	ent #	nt # Agency Crash Number 20-05453				Investigating Officer/Deputy DEPUTY J. MACASKILL				
GK7	Crash Date 06/08/2020	Crash Time 09:55 PM		Date Arrived		Time	Time Arrived				
G	Date Notified Time Notified			Total Ur	nits		l l	,	Total Killed		
う	06/08/2020	09:59 PM		01			00	00		Г	
-0BJ1	On Emergency	t and Run Lane Clos						Trailer or Towed		Reporting Threshold	
6TL	Government Active School Zo		Zone	School Bus Related NO			Tags	Tags			
	✓ Reportable	TED ANIM	AL W/ N	O INJUF	₹Y ☐ Am		Amended		Secondary Crash		
	✓ I, a sworn law enforceme	ent officer, agree tha	t I have no	ve not added any CJIS data in this report.							
İ	ocation										
ſ	ON S DEWEY AVE					Latitude		Longitud			
	848 FT S OF ENTERPRISE DRIVE RD					43.514600731				94592767	
	IN THE TOWN OF REEDSBU						X Coordinate		Y Coordinate		
	IN SAUK COUNTY					257956.640625			4822320		
						Structure Type					
L											
(Crash Scene										
	First Harmful Event					First Harmful Event Location					
	OTHER NON-COLLISION					ON ROADWAY					
	Manner of Collision	O.				Light Condition					
	00 - NO COLLISION W/VEHICLE IN TRANSPORT										
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)										
	weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
ĺ	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURI						
	Tribal Land				Access Control				Special Study		
	Unit Summary ——							•			
	Unit Status Vehicle Operation				ating As C	As Classification		Unit Type			
	IN TRANSIT Vehicle Type					AUTOMOBILE Operating As Endorsements					
6	Vehicle Type PASSENGER CAR							Operating A	s Endorsen	nents	
	Total Occs Train/Bus # Recorded Total # Citation				ne lecued	Issued Total		I Trailers Total H		Mat Types	
	1	ar Occs		11 # OII.0110115 155UEU			0	i Hallers		viat Typoo	
		Direction Of Travel		Bro C	rochTiro		Speed Lin	nit	Total Lane	es	
_		SOUTHBOUND	~	Pre CrashTire Mark							
L N O	Most Harmful Event: Collision With			Special Function			1		Emergency Motor Vehicle Use		
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE		
ŀ	Traffic Way			fic Contro	I			Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature			Road Grade				

Crash Date **06/08/2020**Crash Time **09:55 PM**

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	Truc	k Bus or HazMat								
	,	Vehicle								
		License Plate Number		Plate Type	St	Country of Issuance				
		885UDT		AUT - AUTOMOBILE	wı	UNITED STATES				
		Vehicle Identification Number		Make	Year	Model				
2	2	1G2ZJ57K594252636		PONTIAC	2009	G6				
		Color		Body Style		Bus Use				
		RED - RED		4D - 4DR		Bus ose				
	VEHICLE	Initial Contact Point		Vehicle Damage						
LIND		00 - NON-COLLISION		O1 - RIGHT FRONT CORNER, 06 - REAR, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						
5		Extent Of Damage								
		FUNCTIONAL DAMAGE								
		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
		NO CONTRIBUTING ACTIO								
ᆫ	Щ	NO CONTRIBUTING ACTION								
LNO	VEHICL									
5	프									
	7									
l		Owner Name		Owner Address						
l	_									
6	9									
		Dalian Haldan		_						
LNO		Policy Holder								
목		Insurance Company	_	Individual						
–		AMERICAN-FAMILY-INS-CO)	DANIEL FIELDS						
		Individual								
		Driver		Citations Issued	Sex					
		DALTON K BAETJE		0		MALE				
	¥	(608) 495-3545		Date of Birth		Race				
١.	Ž			Date of Billin		WHITE				
Ĭ N N	DIVIDUAL	A		<u> </u>						
5	\leq	Address		Driver License Number						
	Ĭ	2701 E MAIN ST REEDSBURG, WI 53959 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	_	, , , , , , , , , , , , , , , , , , , ,								
	Ca	On Duty C	Safety Equipment							
	Sai	fety Equipment								
		Row	Seat Position	SHOULDER & LAP BE	ELT					
		Helmet Use	elmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance						
		2,0110000011		The Compilation						
	_	Injury Severity NO APPARENT INJURY Ejected Ejection Path		Airbag						
2	90			Allvay						
	J			Transadifishiopted						
		Ejected E	jection Path		Trapped/Extricated					
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				

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Crash Date 06/08/2020

Crash Time 09:55 PM

ı			D:					
Distracted By Source								
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
İ		Action						
	¥							
╘	2							
LIND	=							
	INDIVIDUAL							
	=							
		Action Other						To/From School
	Drug & Alcohol NO			se	Suspected Drug Use			
		_	NO		NO			
		TEST NOT GIVEN		Alcohol Test Type	e Alcohol Test Resu			
				D T : T				
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Re			
10	001	Drug Type						
	ŏ							
		Individual Condition						
		APPEARED NORI	МΔΙ					
		ALL LAKED NOK	na=					
ı								