6TL0BGSFF5 20-05942

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			Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI			
F5	Crash Date 06/20/2020	Crash Time 08:20 PM			Date Arrived		Time	Time Arrived			
3SF	Date Notified 06/20/2020	Time Notified 08:24 PM			Total Units 01		Total 00		Injured Total Killed 00		
6TL0BG	On Emergency	it and Run	Lane Clos	ure	e Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Active School Zone			School Bus Related NO			Tags	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.										
Ī	Location										
Ī	ON USH12 WB					Latitude			Longitud	le	
	0.55 MI N					43.386098692		_	-89.767657839		
	OF KINGS CORNER RD										
	IN THE TOWN OF SUMPTER	₹								Y Coordinate 4807412.5	
	IN SAUK COUNTY					Structure Type			400741	4807412.3	
						NO STR		IRE			
	Crash Scene										
,											
	First Harmful Event						nful Event Lo	cation			
	NON DOMESTICATED ANIN	IAL (ALIVE)					ON ROADWAY				
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	PORT								
	Road Surface Condition(s)					Roadway Factor(s)					
ŀ	Environment Factor(s)										
	,										
	Weather Condition(s)										
-	Animal Type					Relation To Trafficway					
	Animal Type DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION					
-						Access Control				Special Study	
						7.00000 0				oposiai olaay	
L	Unit Summary										
	Unit Status		\/el	nicle Oners	ting As C	laccification	1	Unit Type			
	1 ·				cle Operating As Classification			Unit Type AUTOMOBILE			
	IN TRANSIT D CLASS Vehicle Type							Operating As Endorsements			
01	PASSENGER CAR							Operating /	45 LIIUUISEI	nents	
					# Citations Issued Tota		Total Trail	al Trailers To		Mat Types	
	1	Train/Dus # Necore	0	ai # Citatio	iis issueu		0	515	0	Mat Types	
•	Insurance?	Direction Of Travel								29	
_	YES	WESTBOUND		Pre CrashTir Mark		e Opeed L		Total Lane			
LINO	Most Harmful Event: Collision With			Special Function			1		Emergency Motor Vehicle Use		
\neg	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA		TION		NOT APPLICABLE			
ŀ	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
									,		
	Surface Type			Road Curvature				Road Grade			

Wisconsin Motor Vehicle Crash Form DT4000

Crash Date **06/20/2020**Crash Time **08:20 PM**

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	Truc	k Bus or HazMat								
	,	Vehicle								
		License Plate Number	Country of Issuance							
10		616WES		Plate Type AUT - AUTOMOBILE	St WI	UNITED STATES				
		Vehicle Identification Num	nber	Make	Year	Model				
	2	1C3CCCFB1GN17142		CHRYSLER	2016	200				
		Color		Body Style		Bus Use				
		SIL - SILVER (ALUMINUM)		SD - SEDAN						
UNIT	щ	Initial Contact Point		Vehicle Damage						
	VEHICL	12 - FRONT								
	프	Extent Of Damage	_	11 - LEFT FRONT CORNER, 12 - FRONT						
	5	DISABLING DAMAGE		VI:1 B 1B						
		Towed Due To Damage TOWED DUE TO DISA	ADLING DAMAGE		Vehicle Removed By					
		What Driver Was Doing	ABLING DAMAGE	Vehicle Factors	CRAIGS TOWING					
		What briver was boing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
	NO CONTRIBUTING ACTION									
╘	VEHICLE									
UNIT	Ξ									
	3									
		Owner Name		Owner Address						
01	6									
		Dalian Haldan								
LNO	· ·	Policy Holder Insurance Company Individual								
5		ALLSTATE-INS-CO		Individual COLLEEN HARTOG						
				00122211111111100						
		Individual Driver		Citations Issued		Sex				
		COLLEEN CARROLL HARTOG			0					
	¥	(608) 509-5980		Date of Birth		FEMALE Race				
 _	2					WHITE				
E S	DIVIDUAL	Address		Driver License Number						
_ر	9	512 BIRCHWOOD TRL MOUNT HOREB, WI 53572, US		STATE: WISCONSIN (
	=			STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	fety Equipment	Duty Crash	Safety Equipment	Safety Equipment					
	Ou.			CHOILI DED & LAD DELT						
		Row Seat Position		SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
		Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance	Tint Compliance					
01	001			Airbag						
٦	ŏ			I T						
						Trapped/Extricated				
		Medical Transport		EMS Agency Identifies		EMS Run #				
		NOT TRANSPORTED		EMS Agency Identifier		EIVIO KUII #				
					Date of Death					
		Hospital	1	Date of Death		Time of Death				

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Crash Time 08:20 PM

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