6TL097RB4Q 20-06132

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [Primary Crash Document #		Agency Crash Number 20-06132			Investigating Officer/Deputy DEPUTY L. GJORGJIEV			
4Q	Crash Date 06/26/2020	Crash Time 04:55 AM			Date Arrived		Time	Time Arrived			
097RB	Date Notified 06/26/2020	Time Notified 04:57 AM			Total Units 01		Total 00		Injured Total Killed 00		
-097	On Emergency	Hit and Run	Lane Close	ure	Wo	ork Zone		Trailer or T	owed	wed Reporting Threshold	
etl(Government Active School Zone			School Bus Related NO			Tag	Tags			
	✓ Reportable	Crash Type NON-DOMES	ESTICATED ANIMAL W/ NO INJUI			RYAmended			S	econdary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
·	ON CTHHH NB					Latitude Longitude					
	453 FT N				43.606796745		-89.942 Y Coordi		2788017		
	OF CTHWD NB					X Coordinate			inate		
	IN THE TOWN OF DELLON IN SAUK COUNTY	Α				262506.8125 4832410.5					
					Structure Type NO STRUCTURE						
L	Crash Scene										
,											
	First Harmful Event	(First Harmful Event Location					
	NON DOMESTICATED ANI	MAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEH	IICLE IN TRANS	PORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
	Weather Condition(s)										
ŀ	Animal Type					Deletion To Tortion					
	Animal Type				Relation To Trafficway TRAFFICWAY - ON ROAD						
	DEER Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
•	Tribal Land				Access Control Special Study					tudy	
						, and the same of					itaay
L	In: 4 Common and										
	Unit Summary		I \/-I-	:-I- O	4i A - O	! <i>t</i> : !		T			
					Vehicle Operating As Classification			/! -			
	IN TRANSIT D CLASS Vehicle Type							AUTOMOBILE Operating As Endorsements			
01	PASSENGER CAR							Operating i	AS Endorser	nents	
	Total Occs Train/Bus # Recorded Total # Citations Issue					Total Trail		 illers Total HazMat		Mat Types	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Train/Bus # Necoi	0	ai # Citatioi	# Citations Issued		0		0		
-	Insurance?	Direction Of Trave		Pre CrashTire						al Lanes	
_	YES	NORTHBOUND			asiiiiie ark						
LINO	Most Harmful Event: Collision With			cial Function	on	1		Emergency Motor Vehicle Use			
→	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTI			TION		NOT APPLICABLE		
ŀ	Traffic Way			Traffic Control			17		Traffic Control Inoperative/Missing		
	Surface Type			Road Curvature				Road Grade			

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	Truc	ruck Bus or HazMat								
	uc	55 5. 1.0211101								
	,	Vehicle								
		License Plate Number Plate Type St Country of Issuance								
		262XEB		AUT - AUTOMOBILE	wı	UNITED STATES				
		Vehicle Identification Number		Make	Year	Model				
01	2	JM1GL1U59H1100685		MAZDA	2017	6				
		Color		Body Style	2017	Bus Use				
		BLU - BLUE		SD - SEDAN		Dus Ose				
	VEHICLE	Initial Contact Point		Vehicle Damage						
-		11 - LEFT FRONT CORNER		Tonio Danago						
UNIT		Extent Of Damage		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						
		FUNCTIONAL DAMAGE								
		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other		 						
		Driver Actions								
	Щ	NO CONTRIBUTING ACTION								
╘	VEHICLE									
UNIT	Ī									
_	Ä									
		Owner Name		Owner Address						
_	_									
01	2									
_		Policy Holder								
LNO		Insurance Company Individual								
5		AMERICAN-FAMILY-INS	s-co	ERIC PETERS						
		LIndividual								
		Driver		Citations Issued		Sex				
		ERIC HENRY PETERS		0		MALE				
	A			Date of Birth		Race				
١.	Ž			Date of Biltin		WHITE				
E S	IDIVIDUAL	Address		Driver License Number						
5	ā	1510 21ST ST REEDSBURG, WI 53959 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z									
		On Dut	ty Crash	Safety Equipment						
	Sa	fety Equipment	•		2007 Hill 200					
		Row	Seat Position	SHOULDER & LAP B	ELT					
		Helmet Use		Helmet Compliance						
		Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance Airbag						
_	7									
0	9			Trapped/Extricated						
				•						
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				

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Distracted By Source									
Distracted By Action									
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	NAL								
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							