6TL0D9426R 20-06277

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 20-06277			Investigating Officer/Deputy DEPUTY A. MEEKER			
6R	Crash Date 06/28/2020	Crash Time 11:09 PM			Date Arrived		Time	Time Arrived			
0D9426R	Date Notified 06/28/2020	Time Notified 11:11 PM			Total Units 01		Total 00		Injured Total Killed 00		
<u>0</u>	On Emergency	lit and Run	Lane Closu	sure Wor		rk Zone		Trailer or T	owed	owed Reporting Threshold	
eTL(Government Active School Zo			School Bus Related NO			Tags	Tags			
-	✓ Reportable	Crash Type NON-DOMES	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RYAmended			Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
Ī	ON CTHP WB					Latitude		Longitude		le	
	174 FT E			43.590774		74391	391 -8		-89.866744349		
	OF COON BLUFF RD	_			X Coordinate				Y Coordinate		
	IN THE TOWN OF DELLON	Α								4830416	
	IN SAUK COUNTY					Structure Type					
						Otradiard	1,00				
L											
	Crash Scene										
	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED ANI	MAL (ALIVE)				ON ROA	DWAY				
	Manner of Collision						Light Condition				
	00 - NO COLLISION W/VEH	ICLE IN TRANSF	PORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Footor(a)										
	Environment Factor(s)										
-	Weather Condition(s)										
	Animal Type		Relation To Trafficway								
	DEER						TRAFFICWAY - ON ROAD				
	Crash Classification - Location						Crash Classification - Jurisdiction				
	PUBLIC PROPERTY				NO SPE	CIAL JUR	ISDICTION				
	Tribal Land						Access Control Special Study				
L											
	Unit Summary ===										
	Unit Status		Vehicle Operating As Classification				Unit Type				
	IN TRANSIT	DC	LASS				AUTOMOBILE Operating As Endorsements				
01	Vehicle Type							Operating I	As Endorser	ments	
0	PASSENGER CAR						Total Trailers Total HazMat Types				
	Total Occs	Train/Bus # Record		al # Citatio	ns Issued		Total Trail	ers		Mat Types	
	01			0		0		0			
⊢	Insurance? YES	Direction Of Travel WESTBOUND		Pre CrashTire Mark		Speed Lin		nit Total Lanes		es	
LINO	Most Harmful Event: Collision With			Special Function					gency Motor Vehicle Use		
ر	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			TION N		NOT APPLICABLE		
	Traffic Way			Traffic Control			Traffic Contro		rol Inoperative/Missing		
ļ	Curface Tune										
	Surface Type			Road Curvature				Road Grade			

Crash Date 06/28/2020

Wisconsin Motor Vehicle Crash Form DT4000

Crash Time 11:09 PM

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	Truc	uck Bus or HazMat									
	,	Vehicle									
2		License Plate Number AGA5729	29		Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES				
	۶	Vehicle Identification N ML32F3FJ3HHF090			Make MITSUBISHI	Year 2017	Model MIRAGE				
	VEHICLE	Color BLK - BLACK			Body Style SD - SEDAN		Bus Use				
LIND		Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE			Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT						
		Towed Due To Damage		DAMAGE	Vehicle Removed By STEVES AUTO SERVICE						
		What Driver Was Doing			Vehicle Factors						
		Driver Prior Action Other	er		-						
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION									
	10	Owner Name			Owner Address						
6											
⊨	1	Policy Holder									
LNO		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP Individual LUKE ANTONETTI									
	1	Individual									
		Driver LUKE DONALD ANTONETTI (608) 495-5875			Citations Issued	Citations Issued Sex MALE					
_	INDIVIDUAL				Date of Birth		Race WHITE				
LINO		Address E4749 EMERALD DR REEDSBURG, WI 53959 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash Safety Equipment EMT/FIRST-RESPONDER			Safety Equipment						
		Row		Seat Position	SHOULDER & LAP	BELT					
		Helmet Use		Helmet Compliance							
		Eye Protection			Tint Compliance						
01	00	Injury Severity NO APPARENT INJURY			Airbag						
		Ejected		ection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #				
		Hospital			Date of Death		Time of Death				

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		Distracted By Action								
	,	Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
_	UAL									
UNIT	INDIVIDUAL									
	IND									
		Action Other						To/From School		
		Action other						TO/TTOM GGMGGI		
	L	Drug & Alcohol	Suspected Alcohol U NO		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				
2	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								