6TL092T5PN 20-06082

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D					Investigating Officer/Deputy DEPUTY J. KIRKENG					
Z	Crash Date 06/24/2020	Crash Time 99:99	Date Ar	rived		Tim	e Arrived					
092T5PN	Date Notified 06/24/2020		Time Notified 11:04 PM		Total Units 01			Tota 00	al Injured	njured Total Killed 00		
700	On Emergency	Hit	and Run	Lane Clos		Ш	ork Zone		Trailer or 1	Towed	Reporting Threshold	
6TL	Government Active School Zone				School Bus Related NO			Tag	Tags			
	Reportable Crash Type NON-DOMESTICATED A				ANIMAL W/ NO INJURY				Amended		Secondary Crash	
	I, a sworn law enfor	l any C	CJIS data in this report.									
	ocation											
- 1	ON USH12 WB						Latitude	Latitude Longitude			le	
	148 FT N						43.51488	7556	-89.784		-89.784127079 Y Coordinate	
	OF STH33 WB						X Coordina	ate		Y Coord		
	IN THE TOWN OF DELT	ON					274969.7			482176		
	IN SAUK COUNTY										4021701	
								Structure Type NO STRUCTURE				
(Crash Scene											
First Harmful Event First Harmful Event Loc								ocation				
	NON DOMESTICATED	A NIIM A	AL (ALIVE)					ON ROADWAY				
	Manner of Collision	~! VIIVIA	AL (ALIVL)									
		·		COT		Light Condition						
	00 - NO COLLISION W/	VEHIC	LE IN TRANSF	ORI								
	Road Surface Condition(s)						Roadway	Roadway Factor(s)				
	Environment Factor(s)											
							-					
	weather Condition(s)	Weather Condition(s)										
							Polation To Trafficusay					
	Animal Type											
	Animal Type						Relation To Trafficway					
	DEER						TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
	Crash Classification - Location PUBLIC PROPERTY Tribal Land											
									RISDICTION			
							Access Co	Access Control			Special Study	
(Unit Summary											
	Unit Status			Ve	hicle Opera	ating As	Classification		Unit Type			
	IN TRANSIT				CLASS					AUTOMOBILE		
	Vehicle Type							Operating As Endorsements				
9	PASSENGER CAR											
	Total Occs Train/Bus # Recorded Total # Citations Is					no locus	ed Total T		Trailers Total Haz		Mat Types	
	1 otal Occs Train/Bus # Recorded			1.5			- u	0	o		wat Types	
		Direction Of Travel			0			0 11:				
	Insurance?	Direction Of Travel				rashTi	re	Speed Lim		Total Lan		
╘╽	NO NORTHBOUND					/lark				Emargana Matar Vahiala III-a		
UNIT	Most Harmful Event: Collision With				ecial Funct		ICTION	TION		Emergency Motor Vehicle Use NOT APPLICABLE		
_	NON DOMESTICATED ANIMAL (ALIVE)				O SPECIA	AL FUN	ICTION	IION		NOT APPLICABLE		
	Traffic Way			Tra	affic Contro	ı				Traffic Control Inoperative/Missing		
	Surface Type			Ro	oad Curvatu	ıre			Road Grade			

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Crash Date **06/24/2020**Crash Time **99:99**

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	Truc	ck Bus or HazMat								
	,	Vehicle								
	VEHICLE 01	License Plate Number AEY5634		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
10		Vehicle Identification Nu 2HGEJ8641TH55044		Make HONDA	Year 1996	Model CIVIC EX				
		Color WHI - WHITE		Body Style 4D - 4DR	·	Bus Use				
LNO		Initial Contact Point 11 - LEFT FRONT Co Extent Of Damage DISABLING DAMAG	-	Vehicle Damage 11 - LEFT FRONT CORNER, 12 - FRONT						
		Towed Due To Damage TOWED DUE TO DIS		Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other	ī	7						
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
		Owner Name		Owner Address						
01	2									
		Individual								
L <u>N</u> O	INDIVIDUAL	Driver NORBERTO MORAL (608) 403-7962	LES GUADALUPE	Citations Issued 0		Sex MALE				
				Date of Birth	HISPANIC					
		Address 116 N GRANT ST ADAMS, WI 53910 ,	US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sa	fety Equipment	n Duty Crash	Safety Equipment						
	001	Row	Seat Position	SHOULDER & LAP BELT						
		Helmet Use	1	Helmet Compliance						
		Eye Protection		Tint Compliance						
6		Injury N	jury Severity O APPARENT INJURY	Airbag						
		Ejected	Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTE	D	EMS Agency Identifier	EMS Agency Identifier EMS Run #					
		Hospital		Date of Death	Date of Death Time of Death					
Distracted By Source										

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ı		District of Dr. Astism								
		Distracted By Action								
			T							
		Non Motorist Striking Unit #	Location							
		Prior Action								
İ		Action								
	7									
 	INDIVIDUAL									
LNO	₽									
∃	\geq									
	Z									
	_									
		Action Other					To/From School			
	Suspected Alcohol Use			Suspected Drug Use			L			
	Drug & Alcohol NO			NO						
	Alcohol Test Given Alcohol Test T					Alcohol Test Results				
	TEST NOT GIVEN									
	Drug Test Given TEST NOT GIVEN Drug Test Ty		Drug Test Type		Drug Test Results					
	TEŠT NOT GIVEN									
_	Ξ	Drug Type			<u> </u>					
2	00	0 ,.								
ĺ		Individual Condition								
		APPEARED NORMAL								
		AFFEARED NORWAL								
l										