

6TL09XQZ2J

21-02109

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override, Primary Crash Document#, Agency Crash Number, Investigating Officer/Deputy, Crash Date, Crash Time, Date Arrived, Time Arrived, Date Notified, Time Notified, Total Units, Total Injured, Total Killed, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related, Tags, Reportable, Crash Type, Amended, Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

ON CTHW WB 0.45 MI E OF CTHPF WB IN THE TOWN OF FREEDOM IN SAUK COUNTY, Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type

Crash Scene

First Harmful Event, Manner of Collision, Road Surface Condition(s), Environment Factor(s), Weather Condition(s), Animal Type, Relation To Trafficway, Crash Classification - Location, Crash Classification - Jurisdiction, Tribal Land, Access Control, Special Study

Unit Summary

Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Operating As Endorsements, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With, Special Function, Emergency Motor Vehicle Use, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade

NO

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Truck Bus or HazMat			
01 UNIT VEHICLE	Vehicle		
	License Plate Number SU8430	Plate Type LTK - LIGHT TRUCK	St WI
	Country of Issuance UNITED STATES	Vehicle Identification Number 1GTHK23153F157649	Make GENERAL MOTORS COR
	Year 2003	Model SIERRA	Color GRY - GRAY
	Body Style PK - PICKUP	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 11 - LEFT FRONT CORNER, 12 - FRONT	
	Extent Of Damage FUNCTIONAL DAMAGE	Towed Due To Damage NOT TOWED	
	Vehicle Removed By OWNER	What Driver Was Doing	
	Vehicle Factors	Driver Prior Action Other	
	Driver Actions NO CONTRIBUTING ACTION	Owner Name	
Owner Address	Policy Holder		
Insurance Company STATE-FARM-GENERAL-INS-CO	Individual HUNTER LAUKANT		
01 UNIT INDIVIDUAL	Individual		
	Driver HUNTER WAYNE-WILLIAM LAUKANT (608) 495-9257	Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]	Race WHITE	
	Address S5591 MCCOY RD NORTH FREEDOM, WI 53951 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	On Duty Crash	Safety Equipment	
01 UNIT SAFETY EQUIPMENT	Row	Seat Position	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury NO APPARENT INJURY	Airbag	
Ejected	Ejection Path	Trapped/Extricated	
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
Hospital	Date of Death	Time of Death	

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UNIT INDIVIDUAL 01 001	Distracted By Distracted By Source	
	Distracted By Action	
	Non Motorist	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	Drug & Alcohol	Suspected Alcohol Use NO
		Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type
Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
Drug Type		
Individual Condition APPEARED NORMAL		