6TL09XQZ2J 21-02109

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document#		Agency Crash Number 21-02109			Investigating Officer/Deputy DEPUTY I. GALVAN			
2	Crash Date 03/12/2021	Crash Time 09:46 PM	Date Ar	Date Arrived		Time	Time Arrived			
ΧQΖ	Date Notified Time Notified 03/12/2021 09:48 PM		Total Units 01		Total 00			Injured Total Killed 00		
6TL09XQZ2	On Emergency Hi	and Run Lane Closure		re Work Zone			Traîler or Towed		Reporting Threshold	
eTI	Government Property	Active School Zone		Bus Relat	ed Tags					
	Reportable	ANIMAL W/ NO INJURY		ľΥ	***************************************	Amended		Secondary Crash		
	, a sworn law enforcement	ent officer, agree that I hav	ve not added	d any CJ	IS data in	this repor	t.			
	Location									
·	ON CTHW WB				Latitude			Longitud	e	
	0.45 MI E				43.444513033 X Coordinate				3122184	
	OF CTHPF WB									
	IN THE TOWN OF FREEDOM IN SAUK COUNTY			268720.1		4814147.5				
						Structure Type NO STRUCTURE				
(Crash Scene									
1	First Harmful Event				Eiret Uarre	ful Evantia	aatian			
				First Harmful Event Location						
	NON DOMESTICATED ANIM			ON ROADWAY						
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIC	JLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway Factor(s)					
	Facility and the standard									
	Environment Factor(s)									
ŀ	Weather Condition(s)			1						
Ì	AnimalType				Relation To Trafficway					
	DEER			TRAFFICWAY - ON ROAD						
Ì	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control						
ľ	TribalLand							Special Study		
Ī	Unit Summary									
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType			
				CLASS			TRUCK			
ŀ	Vehicle Type				Operating As Endorsements					
01	UTILITY TRUCK/PICKUP TRUCK						Operating	5 <u>L</u> 11001501	1101110	
-	Total Occs Train/Bus#Recorded Total#Citations Issue					Total Trailers Total HazMat Types			Mat Typos	
	1	Hallingus in Necolded	0		0		0		viat i ypes	
_		Direction Of Travel WESTBOUND	Pre CrashTire Spe		Speed Lim	ed Limit Total Lar		95		
LINO	Most Harmful Event: Collision With	Special Function				 Emergency Motor Vehicle Use				
 	NON DOMESTICATED ANIM	NO SPECIAL FUNC		TION		NOT APPLICABLE				
}	Traffic Way	Traffic Contro			Traffic Control Inoperative/Missing					
	·- · · - ,	Hamic Constol				riamo consiormoperativerivisollity				
	Surface Type		Road Curvature			Road Gra		ıde		

Wisconsin Motor Vehicle Crash Form DT4000 Crash Date 03/12/2021
Crash Time 09:46 PM

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Crash Date 03/12/2021

Crash Time 09:46 PM

	Truc	ck Bus or HazMat							
		Vehicle							
UNIT 01		License Plate Number SU8430		Plate Type LTK - LIGHT TRUCK	St WI	Country of issuance UNITED STATES			
	5	Vehicle Identification Num 1GTHK23153F157649		Make GENERAL MOTORS COR	Year 2003	Model StERRA			
	VEHICLE	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	Vehicle Factors				
		Driver Prior Action Other							
	Щ	Driver Actions NO CONTRIBUTING ACTION							
	VEHICLE								
	3								
2	5	Owner Name Owner Address							
l⊨		Particol							
NN		Insurance Company STATE-FARM-GENERAL-INS-CO		Individual HUNTER LAUKANT					
					Sex				
	j	Driver HUNTER WAYNE-WILLIAM LAUKANT (608) 495-9257		Citations issued					
TNO	DIVIDUAL				WHITE Driver License Number				
5	2	Address \$5594 MCCOY RD NORTH FREEDOM, Wt 53951 , US On Duty Crash		STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment					
	Safety Equipment Row Seat Position		SHOULDER & LAP BELT						
		Helmet Use		Heimet Compliance					
		Eye Protection		Tint Compliance					
10	100	Injury Severity		Airbag					
	5	INJURY NO APPARENT INJURY Ejected Ejection Path			Trapped/Extricated				
		Ejected Ejection Path				> tabbance visionary			
		Medical Transport		EMS Agency Identifier		EMS Run#			
	355011118	NOT TRANSPORTED Hospital							
				Date of Death		Time of Death			

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		Distracted By Sou	rce					
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action Prior Action						
		Action						
	7							
<u>_</u>	2							
UNIT	INDIWIDUAL							
\neg	Ħ							
	Z							
	_							
		Action Other					To/From School	
		Suspected Alcoho	Suspected Drug Use	uspected Drug Use				
	į	Drug & Alcohol NO	NO					
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Type Alco			Alcohol Test Results	
		TEST NOT GIVEN	1	, ,				
		Drug Test Given Drug Test Type		Drug Test Results		<u> </u>		
		Drug Test Given TEST NOT GIVEN	" "					
_	_	Drug Type						
01	8	1 3 - 7						
		Individual Condition						
		48854858 NORMAL						
		APPEARED NORMAL						

Form DT4000