6TL0B655S3 21-06015

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/02/2021

Crash Time 12:30 PM

_											
	Document Number Override	Primary Crash Do	/ Crash Document# Agency Crash Nu 21-06015		I		stigating Officer/Deputy UTY W. NEUBAUER				
S3	Crash Date Crash Time 07/02/2021 12:30 PM			Date Arrived			Time	Time Arrived			
B655	Date Notified Time Notified 07/02/2021 02:17 PM			Total Units			Total In		Total Killed		
0	On Emergency	lit and Run	Lane CI	losure Wo		rk Zone		Frailer or Towed		Reporting Threshold	
eTL_	Government Active School Zone			School NO	I I		Tags	ags			
	Reportable	Crash Type NON-DOMESTI	ICATED AN	IIMAL W/ N	O INJUR	Y		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ——										
ï						Le man					
	ON USH14 EB					Latitude Longitud					
	743 FT E					43.19121	43.191214361 -90.189719328			719328	
	OF COUNTY LINE RD					X Coordinate Y Co			Y Coord	inate	
	IN THE TOWN OF SPRING	GREEN				240810.2			478699		
	IN SAUK COUNTY					240010.2	20	4700990			
						Structure Type					
(Crash Scene										
1	First Harmful Event					Eiret Harm	fulEventLo	cation			
		4A1 (A13)(E)				l		7084011			
	NON DOMESTICATED ANIM	MAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPO	DRT								
	Road Surface Condition(s)					Roadway Factor(s)					
•	Environment Factor(s)										
•	Weather Condition(s)										
ŀ	Animal Type DEER Crash Classification - Location					Polation To Trafficway					
					Relation To Trafficway TRAFFICWAY - ON ROAD						
						Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPEC	CIAL JURI	SDICTION	DICTION		
	Tribal Land					Access Co	ontrol			Special Study	
L											
	Unit Summary 💳										
	Unit Status		,	Vehicle Oper	ating As C	lassification		UnitType			
	IN TRANSIT			D CLASS				AUTOMOBILE			
ŀ	Vehicle Type							Operating As Endorsements			
01	PASSENGER CAR					Operating As Endotsements					
ŀ					Fatal#Okati l		Total Traile		I Total HazMat Types		
	Total Occs Train/Bus#Recorded 2		I	Total#Citations Issued 0		0		ers rotarnazi 0		wat rypes	
	Insurance? YES	Direction Of Travel EASTBOUND		Pre CrashTire		Speed		mit Total Lan		es	
LIND	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCT		TION		Emergency Motor Vehicle Use NOT APPLICABLE			
-	NON DOMESTICATED ANIMAL (ALIVE) Traffic Way			Traffic Contro		TON	ION		Traffic Control Inoperative/Missing		
	·			Hame Condi				папіс оставтнорствиченнями у			
	Surface Type			Road Curvature				Road Grade			

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	Truc	k Bus or HazMat				· ·				
		Vehicle	Maria Ma							
		License Plate Number		Plate Type St		Country of Issuance				
		ABR1455		AUT - AUTOMOBILE Make	WI Year	UNITED STATES Model				
01	5	Vehicle Identification Number 3N1AB7AP2HY289891		NISSAN	2017	SEN				
		Color BLU - BLUE		Body Style		Bus Use				
UNIT		Initial Contact Point		4D - 4DR Vehicle Damage		1				
	3	00 - NON-COLLISION								
	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT, 13 - TOP Vehicle Removed By						
	5	Towed Due To Damage								
		NOT TOWED								
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Disconductions.								
	ш	Driver Actions NO CONTRIBUTING ACTION								
UNIT	VEHICLE									
5	T									
		Owner Varie		Owner Address						
2	5									
l⊨		Policy Holder								
Ĭ N		Insurance Company LIBERTY-MUTUAL-INS-CO		Individual GARY FUCHS						
		Driver		Citations Issued		Sex				
	7	GARY CLIFFORD FUCHS (608) 356-0004		O Data of Birth		MALE Race				
 	3			Date of Birth		WHITE				
Ş	Z	(608) 356-0004 Address N605 COUNTY ROAD A # 3		Drivert icense Number						
	Z	BRIGGSVILLE, WI 53920 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty G fety Equipment	ash	Safety Equipment						
		Row	SeatPosition	SHOULDER & LAP BE	L T					
		11.1		11. 3. 40. 7						
		Helmet Use		Heimet Compliance						
		Eye Protection		TintCompliance						
_	_			Airbag						
01	8	Injury NO APPARENT INJURY								
		Ejection Path				Trapped/Extricated				
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED		Detection "		Time of Dooth				
l		Hospital		Date of Death		Time of Death				

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To/From School
g Use
• • • •
Alcohol Test Results
Drug Test Results