

6TL092T5RB  
SC21-10018

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 <b>SC21-10018</b>		Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>10/19/2021</b>		Crash Time <b>01:04 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>10/19/2021</b>		Time Notified <b>01:05 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

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

**Location**

<b>ON USH12 EB</b> <b>612 FT S</b> <b>OF USH12 EB</b> <b>IN THE TOWN OF SUMPTER</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.418827722</b>	Longitude <b>-89.773516297</b>
	X Coordinate <b>275471.8125</b>	Y Coordinate <b>4811063.5</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

**Unit Summary**

<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>						
		Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements						
	Total Occs <b>1</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>		Total HazMat Types <b>0</b>			
	Insurance? <b>YES</b>		Direction Of Travel <b>EASTBOUND</b>		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit		Total Lanes			
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>				Special Function <b>NO SPECIAL FUNCTION</b>				Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
	Traffic Way				Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type				Road Curvature				Road Grade			

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Truck Bus or HazMat				
<b>Vehicle</b>				
01 UNIT VEHICLE 01	License Plate Number	Plate Type	St	Country of Issuance
	447XME	AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	1FA6P8CF4F5348423	FORD	2015	MUSTANG GT
	Color	Body Style	Bus Use	
	BLU - BLUE	CP - COUPE		
	Initial Contact Point	Vehicle Damage		
	11 - LEFT FRONT CORNER	11 - LEFT FRONT CORNER		
	Extent Of Damage			
	DISABLING DAMAGE			
Towed Due To Damage	Vehicle Removed By			
TOWED DUE TO DISABLING DAMAGE	CRAIGS TOWING			
What Driver Was Doing	Vehicle Factors			
Driver Prior Action Other				
Driver Actions	NO CONTRIBUTING ACTION			
Owner Name	Owner Address			
<b>Policy Holder</b>				
Insurance Company	Individual			
PROGRESSIVE-ADVANCED-INSURANCE-CO	DANIEL CORTEZ PEREZ			
<b>Individual</b>				
Driver	Citations Issued	Sex		
DANIEL CORTEZ PEREZ (608) 354-3521	0	MALE		
	Date of Birth	Race		
		HISPANIC		
Address	Driver License Number			
2522 MCKENNA BLVD MADISON, WI 53711 , US	STATE: WISCONSIN COUNTRY: UNITED STATES			
<b>Safety Equipment</b>		On Duty Crash		
		Safety Equipment		
Row	Seat Position	SHOULDER & LAP BELT		
Helmet Use	Helmet Compliance			
Eye Protection	Tint Compliance			
01 UNIT INDIVIDUAL 001	<b>Injury</b>	Injury Severity	Airbag	
		NO APPARENT INJURY		
	Ejected	Ejection Path	Trapped/Extricated	
Medical Transport	EMS Agency Identifier	EMS Run#		
NOT TRANSPORTED				
Hospital	Date of Death	Time of Death		

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