6TL0D942BR 24-08333

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 24-08333			Investigating Officer/Deputy DEPUTY M. PETERSON			
BR	Crash Date 07/28/2024	Crash Time 08:58 PM	Date Arr	Date Arrived		Time	Time Arrived			
0D942BR	Date Notified 07/28/2024	Time Notified 09:01 PM	Total Ur 01	Total Units 01		Total 00	,		Total Killed 00	
0	On Emergency Hi	t and Run Lane	Closure	Ш	rk Zone		Trailer or T	owed	Reporting Threshold	
eTL(Government Property	Active School Zone		Bus Relat	ed	Tags				
	✓ Reportable	ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ī	Location									
Ī	ON USH12 WB				Latitude			Longitud	le	
	886 FT S				43.35115	8406		-89.761973209		
	OF USH12 WB				X Coordina	ate		Y Coord	inate	
	IN THE TOWN OF SUMPTER IN SAUK COUNTY	•			276157.2	25		4803516.5		
	IN SAUK COUNTY				Structure 7	Гуре				
					NO STRU					
	Crash Scene									
,					T=					
	First Harmful Event				First Harmful Event Location					
	NON DOMESTICATED ANIM Manner of Collision			ON ROADWAY						
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT			Light Condition					
ŀ	Road Surface Condition(s)	CLE IN TRANSPORT			Roadway F	Footor(a)				
	Road Surface Condition(s)				Roadway	racioi(s)				
Ì	Environment Factor(s)									
	Weather Condition(s)									
ŀ	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
ŀ	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY			NO SPECIAL JURISDICTION						
ŀ	Tribal Land			Access Control				Special Study		
ı	Unit Summary ————————————————————————————————————									
`	Unit Status		Vehicle Opera	ating As C	lassification		Unit Type			
				CLASS			AUTOMOBILE			
ŀ	Vehicle Type				Operating As Endorsements					
01	PASSENGER CAR									
		Train/Bus # Recorded	Total # Citatio	ns Issued		Total Traile	ers	Total Haz	Mat Types	
	1		0			0		0	•	
ŀ	Insurance?	Direction Of Travel	Pre Ci	rashTire	,	Speed Lim	it	Total Lane	es	
LINI	YES	NORTHBOUND	Mark							
	Most Harmful Event: Collision With	Special Funct			Emergency Motor Vehicle Use					
→	NON DOMESTICATED ANIM	NO SPECIA	TION		NOT APP	NOT APPLICABLE				
ŀ	Traffic Way	Traffic Contro	Traffic Control			Traffic Contr		rol Inoperative/Missing		
İ	Surface Type	Road Curvatu	Road Curvature			Road Grade				

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	Truc	k Bus or HazMat							
	,	Vehicle							
	VEHICLE 01		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
2			Make PONTIAC	Year 2006	Model G6				
		SIL - SILVER (ALUMINUM)	Body Style Bus Use SD - SEDAN						
LINI		Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
		Owner Name	Owner Address						
9	6								
LIND		Policy Holder Insurance Company							
5		GENERAL-INS-CO-OF-AMERICA-(C/O-SAFECO-I BRAYDEN GERHARDS							
	DIVIDUAL	Individual Driver	Sex						
		BRAYDEN GERHARDS	Citations Issued 0	MALE					
_			Date of Birth	Race WHITE					
LIND		Address 125 RYE BLUFF RD # 323 BLK RIVER FALLS, WI 54615, US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
	100	Eye Protection	Tint Compliance						
2		Injury Severity 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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Crash Date 07/28/2024

Crash Time 08:58 PM

Distracted By Source								
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	NAL							
L	INDIVIDUAL							
	Z							
		Action Other						To/From School
		Action Other						Ton form School
	I	Drug & Alcohol NO			Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	5	
7	001	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					