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24-14021

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 24-14	/ Crash Number 021		g Officer/Deputy M. PETERSON		
o	Crash Date 12/23/2024	Crash Time 09:22 PM	Date A 12/23/	rrived		Time Arrived		
Ĭ	Date Notified	Time Notified	Total U		Total Injured		ed	
2	12/23/2024	09:25 PM	01	I	00	00	Demention	
5	On Emergency	and Run	osure	Work Zone	Trailer	or Towed	Reporting Threshold	
	Government Property	Active School Zone	School NO	Bus Related	Tags			
	Reportable	Crash Type DT4000 (STANDARD CRAS	SH)		Amend	ed	Secondary Crash	
	Description							
-	▼ I, a sworn law enforceme	his report.	Photos By Additional Info NONE	ormation				
┝	NON-REPORTABLE SLIDE OFF							

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1.	<u></u>	ation									
		CTHH WB				Latitude			Longit	ude	
0.30 MI W						43.616470824			-89.83624341		
OF BIRCHWOOD SPUR						X Coordinate			Y Coo	rdinate	
	IN THE TOWN OF DELTON IN SAUK COUNTY						271142.40625			4833185.5	
	1 3	AUR COUNTY				Structure	Туре				
							UCTURE				
С	ra	sh Scene									
F	irst	Harmful Event				First Harm	nful Event Lo	ocation			
C	DIT	ЭН				ROADSI	DE				
		ner of Collision			Light Condition						
-	-		HICLE IN TRANSPORT			DARK/U					
	Road SNC	I Surface Condition(s)				Roadway Factor(s)					
	nvir	onment Factor(s)									
	101					NONE					
v	Veat	ther Condition(s)				_					
s	SNC	w									
A	nim	al Type				Relation To Trafficway					
						TRAFFICWAY - ON ROAD					
Crash Classification - Location						Crash Classification - Jurisdiction					
	-							ISDICTION			
Т	Tribal Land				-		CCCess Control Special Study O CONTROL			Special Study	
۷	Vithi	n Interchange Area	Junction Location		Intersection						
Ν	10		NON-JUNCTION		NOT AN	INTERSE	CTION				
		: Summary 🛛 🗖									
_	Unit Status Vehicle Operating As C										
				D CLASS		TRUCK					
		cle Type DRT) UTILITY VEHICL		Operating As Endorsements							
		Occs	Train/Bus # Recorded				Total Trail 0	ailers Total HazMat Types 0		azMat Types	
	1 Insurance2		Direction Of Travel	0		Crassed Line				anes	
	Insurance? Direction Of Travel YES WESTBOUND			Pre	Pre CrashTire Speed Lin Mark 55			2			
	Most Harmful Event: Collision With			Special Fur	Special Function Emergency Motor Vehicle Use				ehicle Use		
6	DITCH			NO SPEC	NO SPECIAL FUNCTION NOT APPLICABLE				E		
	Traffic Way								fic Control Inoperative/Missing		
		-WAY, NOT DIVIDED		NO CONTROL			NO				
	Surface Type			Road Curvature			Road Grade				
		CKTOP (BITUMINOU: Bus or HazMat	5)	STRAIGH	STRAIGHT			LEVEL			
	10 10										
		/ehicle									
	License Plate Number 1L697FF Vehicle Identification Number 1GCRDBEK7PZ331228 Color Initial Contact Point			Plate Type	Plate Type St IL Make Year CHEV 2023 Body Style			Country of Issuance UNITED STATES Model			
				Maka							
2											
ſ							2023	Bus Use			
				Dody Style	Duy Style Dus Use						
L				Vehicle Da	Vehicle Damage			7 8 9 10 11			
C									6		
	00 - NON-COLLISION Extent Of Damage NO DAMAGE			00 - NO	00 - NO DAMAGE 5 4 3 2 1						
				1	5 4 3 2 1						

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		Towed Due To Damage	e			nicle Removed By					
		NOT TOWED				ATTS WRECKE	२				
		What Driver Was Doing	1		Vehicle Factors						
	GOING STRAIGHT										
		Driver Prior Action Othe	er		NC	OT APPLICABLE					
		Driver Actions									
	ш			N							
⊢	ULE										
UNIT	Ĕ										
2	VEHICLE										
	-										
		Owner Name				Owner Address					
~	1	RAYMOND BULLO	CK			5517 S SEELE					
5 5 CHICAGO, IL 60636 , US											
		Sequence Of Event	ents								
	01	DITCH									
	02	Event									
	0										
	03	Event									
	4	Event									
	04										
E		Policy Holder									
UNIT		Insurance Company		~~							
		STATE-FARM-CLASSIC-INS-CO				RAYMOND BULLOCK					
		Individual									
		DRIVER RAYMOND BULLOCK			Citations Issued Sex 0 MALE						
	AL	NATINOND BOLLOOK				Date of Birth		Race			
⊢	NDIVIDUAL				-	BLACK/AFRICAN AMERICAN					
UNIT	Σ	Address	_		[Driver License Number					
		5517 S SEELEY AVE CHICAGO, IL 60636 , US			9	STATE: ILLINOIS COUNTRY: UNITED STATES					
	-										
		On Duty Crash				Safety Equipment					
	Saf	fety Equipment				Salety Equipment					
	1	Row	Seat Position			SHOULDER & LA	AP BELT				
		01 - FRONT ROW		07 - LEFT							
		Helmet Use			ŀ	Helmet Compliance					
		Eve Protection			Tint Compliance						
2	Ξ	1	Injury Severity		F	Airbag					
0	001	Injury NO AF				NON DEPLOYED					
		Ejected	Ejection Path					Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT APP									
		Medical Transport NOT TRANSPORTED			E	EMS Agency Identifier		EMS Run #			
		Hospital			r	Date of Death		Time of Death			
		-									
		Distracted By	Distracted NOT APP	By Source LICABLE (NOT DI	STRACT	ED)					
		Distracted By Action									
		NOT DISTRACTED									

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		Non Motorist	Striking Unit #	Location						
		Prior Action								
	UAL	Action								
UNIT	INDIVIDUAL									
		Action Other						To/From School		
	Ľ	Drug & Alcohol	Suspected Alcohol U NO	lse	Suspected Drug Use			1		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
6	001	Drug Type								
		Individual Condition								
		APPEARED NORM	IAL							