6TL09T1TP2 19-15307

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 19-15307			Investigating Officer/Deputy DEPUTY C. GALLAGHER			
TP2	rash Date		Date A	Date Arrived			Time Arrived			
	Date Notified	Time Notified		Total Units			Total Injured Total Killed			
È	12/14/2019 02:30 AM		01	1	00		00		Dan antin n	
L09T1	On Emergency Hi	it and Run Lane	Closure	ure Work Zone			Trailer or Towed		Reporting Threshold	
eTL	Government Property	School NO	School Bus Related NO			Tags				
	✓ Reportable	ANIMAL W/	RY		Amended Secondary Crash					
	☑ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
İ	Location									
f	ON STH33 EB 826 FT E OF COUNTY LAND FILL LN			Latitude 43.53172063					Longitude -89.888701968	
	IN THE TOWN OF EXCELSION SAUK COUNTY	OR			X Coordina 266581.9			Y Coordi 482391		
	IN OACK COOK!		Structure T				II.			
 	Crach Scono									
י ז	Crash Scene First Harmful Event First Harmful Event Ocation									
	NON DOMESTICATED ANIM			First Harmful Event Location ON ROADWAY Light Condition						
	Manner of Collision	IAL (ALIVL)								
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT			I agni condition					
	Road Surface Condition(s)				Roadway Factor(s)					
	F									
	Environment Factor(s)									
ĺ	Weather Condition(s)									
	Animal Type					Relation To Trafficway				
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURI						
	Tribal Land				Access Control				Special Study	
į.	Unit Summary									
ď	Unit Status		Vehicle Oper	rating As C	lassification		Unit Type			
	IN TRANSIT D CLASS						AUTOMOBILE			
_	Vehicle Type					Operating As Endorsements				
6	PASSENGER CAR									
		Train/Bus # Recorded		I # Citations Issued		Total Traile			Mat Types	
	4	Direction Of Travel	0			O Cood Lim	:4	0 Total Lane		
_		Direction Of Travel EASTBOUND		Pre CrashTire Mark		Speed Lim	GGG EIIIIIL TOURI E		;s	
L N O	Most Harmful Event: Collision With	Special Fund	tion				ergency Motor Vehicle Use			
ر	NON DOMESTICATED ANIM	NO SPECI	AL FUNC				APPLICABLE			
	Traffic Way	Traffic Contro	Traffic Control			Traffic Cont	ontrol Inoperative/Missing			
ŀ	Surface Type	Road Curvat	Road Curvature			Road Grade				
	71 -		TOUR OUIVALUIC							

Crash Date 12/14/2019
Crash Time 02:25 AM

Wisconsin Motor Vehicle Crash Form DT4000

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	Truc	uck Bus or HazMat								
	1.00	00 0								
	,	Vahiala								
		Vehicle License Plate Number Plate Type St Country of Issuance								
		License Plate Number		Plate Type						
01		920XLG		AUT - AUTOMOBILE	WI	UNITED STATES				
	2	Vehicle Identification Number		Make	Year	Model				
0	0	2G1WG5EK0B1266244		CHEVROLET	2011	IMPALA LT				
		Color		Body Style		Bus Use				
		BLK - BLACK		4D - 4DR						
	쁘	Initial Contact Point		Vehicle Damage						
UNIT	VEHICL	12 - FRONT		01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						
5	프	Extent Of Damage FUNCTIONAL DAMAGE								
	7									
		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OWNER						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
	щ	NO CONTRIBUTING ACTION								
╘	VEHICLE									
UNIT	Ĭ									
_	Ē									
		Owner Name		Owner Address						
01	2									
		Dalland Halden								
╘		Policy Holder								
LNO		Insurance Company		Individual						
ر		PROGRESSIVE-CLASS	SIC-INS-CO	BRACKEN GARY						
		Individual								
İ		Driver BRACKEN BRENT GARY (608) 495-3252		Citations Issued		Sex				
	_			0		MALE				
	¥			Date of Birth		Race				
 	7					WHITE				
E S	DIVIDUAL	Address		Driver License Number						
⊃	₫	144 KELLIE MARIE CT								
	=	REEDSBURG, WI 53959 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		On D	uty Crash	Safety Equipment	Safety Equipment					
	Sa	fety Equipment	,	y						
		Row	Seat Position	SHOULDER & LAP B	ELT					
		KOW	Seat Fosition	000252 0.27 2						
		Helmet Use		Helmet Compliance						
		Troundt 000		Tiolinet Compilation						
		Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance	Tint Compliance					
				55						
	_									
01	90			9						
				Trapped/Extricated						
				Trapped/Extricated						
		Medical Transport		EMS Agency Identifier		EMS Run #				
		·		LIVIO Agency Identifier		ENS Kun #				
		NOT TRANSPORTED		Date of Death		Time of Death				
		Hospital		Date of Death		Time of Death				
		1								

Crash Time 02:25 AM

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Crash Time 02:25 AM

		Distracted By So	ource						
		Distracted By Action							
	,	Non Motorist Striking Unit #	Location						
		Prior Action	·						
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	IN								
		Action Other					To/From School		
		Suspected Alcol		Suspected Drug Use					
	L	Drug & Alcohol NO	NO						
		Alcohol Test Given TEST NOT GIVEN	e Alcohol Test Result:						
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results					
2	001	Drug Type			1				
	•	Individual Condition							
		APPEARED NORMAL							