6TL0B8M7WC

19-15663

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Documen	Agency Crash Nu 19-15663			mber		stigating Officer/Deputy PUTY B. MEARS			
×	Crash Date 12/23/2019	Crash Time 04:39 PM		Date Arrived		Time	Time Arrived				
17	Date Notified Time Notified			Total Un	its		Total		Total Killed		
≳	12/23/2019	04:40 PM		01			00	00			
6TL0B8M7WC	On Emergency Hi	t and Run La				ork Zone		Trailer or Towed		Reporting Threshold	
9T	Government Active School Zone Crash Type			School Bus Related NO			Tag	Tags			
	✓ Reportable	ED ANIMA	ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
İ	Location										
f	ON STH33 WB					Latitude		Longitud			
	0.26 MI E OF GUDENSCHWAGER RD					43.58158991				18451346	
	IN THE TOWN OF LA VALLE IN SAUK COUNTY				X Coordina 248224.3			Y Coordi 483012			
	IN CACH COOK!		Structure Type NO STRUCT								
4	Crash Scene										
י ז	First Harmful Event					Cirot Horse	ful Fuent I	a antion			
	NON DOMESTICATED ANIM				First Harmful Event Location ON ROADWAY						
	Manner of Collision				Light Condition						
	00 - NO COLLISION W/VEHIC	I F IN TRANSPORT				Eight Condition					
	Road Surface Condition(s)	<u></u>				Roadway I	Factor(s)				
	,					,					
	Environment Factor(s)										
ŀ	Weather Condition(s)										
	weather Condition(s)										
	Animal Type DEER Crash Classification - Location					Relation To Trafficway					
						TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
								ution - Jurisaliction JURISDICTION			
	PUBLIC PROPERTY Tribal Land						Access Control			Special Study	
	Thou Edita		7,0003		A00633 O0	JOSS CONTROL			Opecial Study		
l I	Unit Summary										
	Unit Status		Vehic	le Opera	ting As C	lassification		Unit Type			
	IN TRANSIT D CLASS				g / c	Siassinoation		AUTOMOBILE			
ŀ	Vehicle Type					Operating As Endorsements					
6	(SPORT) UTILITY VEHICLE										
ŀ	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Traile		lers Total Haz		Mat Types	
	01		0				0	(
_		Direction Of Travel WESTBOUND			rashTire lark		Speed Lir	nit	Total Lane	es	
L N O	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use		
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTI			TION		NOT APPLICABLE		
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	Surface Type				Road Curvature			Road Grade			
			1					Ì			

Wisconsin Motor Vehicle Crash Form DT4000

Crash Date 12/23/2019
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	Truc	ck Bus or HazMat							
	,	Vehicle							
		License Plate Number 707AJS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
10	VEHICLE 01	Vehicle Identification Number KNDPCCA27D7458350	Make KIA MOTORS CORPORA	Year 2013	Model SPORTAGE				
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHIC	CLE	Bus Use				
LINO		Initial Contact Point 12 - FRONT	Vehicle Damage						
5		Extent Of Damage DISABLING DAMAGE	12 - FRONT, 14 - UNDERCARRIAGE						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE						
		What Driver Was Doing	Vehicle Factors	Vehicle Factors					
	쁘	Driver Prior Action Other							
_		Driver Actions NO CONTRIBUTING ACTION							
UNIT	VEHICLE								
		Owner Name	Owner Address						
6	2								
╘	ı	Policy Holder							
UNIT		Insurance Company ALLSTATE-PROPERTY-&-CASUALTY-INS-CO	Individual JASON DALLMAN						
	INDIVIDUAL	Individual							
		Driver JASON MICHAEL DALLMAN	Citations Issued 0		Sex MALE				
_		(608) 963-5021	Date of Birth	rth Race WHITE					
L N		Address 407 CENTER ST WONEWOC, WI 53968 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash	Safety Equipment						
	Sa	Row Seat Position	SHOULDER & LAP BELT						
	_	Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
_		Injury Severity	Airbag						
0	90	Injury NO APPARENT INJURY Ejected Ejection Path	Trapped/Extricated						
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier						
		Hospital	Date of Death		Time of Death				

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		Distracted By	Distracted By Source	;					
		Distracted By Action							
	,	Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	IND								
		Action Other						To/From School	
		Action other						TO/TTOM GGMGGI	
	L	Drug & Alcohol	Suspected Alcohol U 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	1		
2	001	Drug Type							
		Individual Condition							
		APPEARED NORI	MAL						