6TL09426TH 20-00322

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Documer	cument # Agency Crash Nur 20-00322			mber		tigating Officer/Deputy UTY A. KULAS			
6ТL09426ТН	Crash Date 01/08/2020	Crash Time 05:13 PM		Date Arrived		Time	Time Arrived				
	Date Notified	Time Notified		Total Ur	nits			Injured	Total Killed	I	
42	01/08/2020	05:13 PM		01			00	00		T	
L09	On Emergency Hi	t and Run Lane Closu		re Work Zone			Trailer or Towed		Reporting Threshold		
6TI	Government Property	one	School Bus Related NO			Tags	Tags				
	Crash Type NON-DOMESTICATED A			ANIMAL W/ NO INJURY			Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
	ON LINN ST/ STH136 EB			Latitude 43.479155356					2582394		
	0.56 MI E OF RAVEN ACRES DR										
	IN THE TOWN OF BARABOO IN SAUK COUNTY						X Coordinate 274153.03125		Y Coordinate 4817815		
	IN SAUK COUNT		Structure Type NO STRUCTU								
	Crash Scene										
1	First Harmful Event					First Harm	ful Event L	nation			
	NON DOMESTICATED ANIM				First Harmful Event Location ON ROADWAY						
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT				Light condition					
	Road Surface Condition(s)					Roadway I	Factor(s)				
	Environment Factor(s)										
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type				Relation To Trafficway						
	DEER Crash Classification - Location PUBLIC PROPERTY			TRA			TRAFFICWAY - ON ROAD				
						Crash Classification - Jurisdiction					
						NO SPECIAL JURISD		ISDICTION			
	Tribal Land			Acc		Access Control			Special Study		
	Unit Summary										
	Unit Status		Vehi	icle Opera	Operating As Classification			Unit Type			
					CLASS			AUTOMOBILE			
01	Vehicle Type							Operating	As Endorsen	nents	
0	PASSENGER CAR					Total Trailers Total HazMat Types					
	Total Occs	Train/Bus # Recorded		Total # Citations Issued 0			Total Trail	railers Total Ha		Mat Types	
		Direction Of Travel	0							es	
╘	YES	EASTBOUND	ND			Mark					
UNIT	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCT			TION		Emergency Motor Vehicle Use NOT APPLICABLE		
	NON DOMESTICATED ANIMAL (ALIVE)						TION		Traffic Control Inoperative/Missing		
	Traffic Way			Traffic Control			Traine Control Hoperative/Missing			ine, iniipoli iâ	
	Surface Type			Road Curvature				Road Grade			

CJIS data. Crash Date **01/08/2020**Crash Time **05:13 PM**

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	Totals Due and Landard								
	Truc	ck Bus or HazMat							
	,	Vahiala							
		Vehicle License Plate Number Plate Type St Country of Issuance							
01		555SVV		AUT - AUTOMOBILE	WI	UNITED STATES			
		Vehicle Identification Number		Make	Year	Model			
	2	2G1145S38G9129660		CHEVROLET	2016	IMPALA			
		Color		Body Style	1	Bus Use			
		SIL - SILVER (ALUMINUM)		SD - SEDAN					
	VEHICLE	Initial Contact Point		Vehicle Damage					
LINO		12 - FRONT		12 - FRONT					
	Ξ	Extent Of Damage							
	X	DISABLING DAMAGE							
		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLING	DAMAGE	STEVES AUTO SERVICE					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
		Driver Prior Action Other							
		Driver Actions							
	ш	NO CONTRIBUTING ACTION							
⊨	VEHICLE								
LIND	Ĭ								
_ ا	Ā								
_		Owner Name		Owner Address					
	5								
0	0								
╘	- 1	Policy Holder							
LIND		Insurance Company	Individual						
_		STATE-FARM-GENERAL-INS	-CO	CLARK PETTERSE	N				
	ļ	Individual							
		Driver		Citations Issued		Sex			
	ᆜ	CLARK J PETTERSEN (608) 968-3908		0		MALE			
	ð	(555) 555 5555		Date of Birth		Race WHITE			
L N N	DIVIDUAL			Deberationers North	Willie				
5	E	Address S4723 ELWOOD RD LA VALLE, WI 53941 , US		Driver License Number					
				STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty Crash		Safety Equipment					
	Sa	fety Equipment							
		Row Seat Position		SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
		Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance Airbag Trapped/Extricated					
10	00								
-	3								
		Ljection Path				Trappod, Extributed			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		 			
		1 lospital		Date of Death		Time of Death			

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		Distracted By							
		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				
2	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							