6TL097RB48 20-00548

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Agency Crash Number 20-00548			mber	Investigating Officer/Deputy DEPUTY L. GJORGJIEV						
48	Crash Date 01/14/2020	Crash Time 04:46 AM			Date Arrived		Time	Time Arrived				
6TL097RB	Date Notified 01/14/2020	Time Notified 04:49 AM			Total Units 01		Total 00		Injured Total Killed 00			
60	On Emergency	Hit and Run	Lane Close	ure	Wo	ork Zone		Trailer or T	owed	Reporting Threshold		
6TI	Government Active School Zone			School Bus Related NO			Tag	Tags				
	✓ Reportable	Crash Type NON-DOMES	B MESTICATED ANIMAL W/ NO INJUI			RY Amended					Secondary Crash	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
Ī	Location											
ł	ON STH33 EB					Latitude			Longitud	de		
	0.29 MI W					43.52904195		-89.8726				
	OF COON BLUFF RD					X Coordin	ate	Y Coordinate				
	IN THE TOWN OF EXCELS	IOR				267865.8125				4823576.5		
	IN SAUK COUNTY					Structure Type						
						NO STR	UCTURE					
(Crash Scene											
Ī	First Harmful Event	First Harm	ıful Event L	ocation								
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROADWAY						
ŀ	Manner of Collision	, ,				Light Condition						
	00 - NO COLLISION W/VEH	HICLE IN TRANS	PORT									
İ	Road Surface Condition(s)					Roadway	Factor(s)					
ļ	F : (F (/)											
	Environment Factor(s)											
ŀ	Weather Condition(s)											
	Animal Type					Relation To Trafficway						
	DEER					TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY Table Land				NO SPECIAL JURISDICTION Access Control Special Study					04		
	Tribal Land					Access Control Special Study						
Į.	Unit Common and											
	Unit Summary Unit Status		LVob	iala Oparat	ting As C	laggification		Line is Trans				
					ehicle Operating As Classification			Unit Type AUTOMOBILE				
ŀ	IN TRANSIT D CLASS Vehicle Type					Operating As Endorsements						
0	PASSENGER CAR							Operating	AS ENGUISE	nents		
	Total Occs Train/Bus # Recorded Total # Citations Issue					1 Total Trail		illers Total HazM		Mat Types	<u> </u>	
	1	Train/Bus # Necoi		0		s issued 0		.a. Hallots		0		
ŀ	Insurance?	Direction Of Trave		Pre CrashTire						Total Lanes		
_	YES EASTBOUND				asn i ire ark							
LNO	Most Harmful Event: Collision With			cial Function	on	l		Emergency Motor Vehicle Use				
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNC			TION		NOT APPLICABLE			
-	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade				
Į.							1					

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	Truc	uck Bus or HazMat								
	iiuc	on Dus Of Flaciviat								
		V. 1 . 1								
		Vehicle								
		License Plate Number		Plate Type St		Country of Issuance				
01		821DMJ		- AUTOMOBILE	WI	UNITED STATES				
	2	Vehicle Identification Number	Make	(DOLET	Year	Model				
0	0	1G11D5SLXFF316937		/ROLET	2015	MALIBU				
		Color		Style		Bus Use				
	VEHICLE	WHI - WHITE Initial Contact Point		SEDAN						
_		01 - RIGHT FRONT CORNER		Vehicle Damage						
UNIT			01 - F	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE						
	山	Extent Of Damage FUNCTIONAL DAMAGE	MIDE	MIDDLE						
	>	Towed Due To Damage	Vohio	Vehicle Removed By						
		NOT TOWED		OWNER						
		What Driver Was Doing		Vehicle Factors						
		What Briver Was Boiling	Verno	c i dolois						
		Driver Prior Action Other								
		3.17.0.17.10.17.10.10.17.								
		Driver Actions								
	ш	NO CONTRIBUTING ACTION								
╘	VEHICLE									
UNIT	Ĭ									
_	Ä									
		Owner Name	C	Owner Address						
_	_									
2	2									
_		Policy Holder								
LNO		Insurance Company Individual								
 		CINCINNATI-INS-CO,-THE		IK LARSON						
		Individual								
		Driver	Cita	ations Issued		Sex				
		ERIK DAVID LARSON	0			MALE				
	₹		Dat	e of Birth		Race				
 	3					WHITE				
E S	DIVIDUAL	Address	Driv	Driver License Number						
>	9	S3173 W LAKE VIRGINIA RD		STATE: WISCONSIN COUNTRY: UNITED STATES						
	=	REEDSBURG, WI 53959 , US	Si							
	Cal	On Duty Crash	Saf	Safety Equipment						
	Sai	fety Equipment								
		Row Seat Position	SH	OULDER & LAP BE	ELT					
		Helmet Use		Helmet Compliance						
		Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance						
01	90			Airbag						
	3			Trapped/Extricated						
		Ejection Path			Trapped/Extricated					
		Medical Transport		S Agency Identifier		EMS Run #				
		NOT TRANSPORTED		o Agency Identifier		EIVIO KUN#				
		Hospital		Date of Death		Time of Death				
						5. 254				

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Distracted By Source									
Distracted By Action									
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	NAL								
UNIT	INDIVIDUAL								
	N N								
		Action Other						To/From School	
		Action Other						TO/FIOM SCHOOL	
	ı	Drug & Alcohol	Suspected Alcohol U NO	se	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				
10	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							