6TL097RB7F 22-04759

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/24/2022

Crash Time 08:22 PM

	Document Number Override	Primary Crash Document#	Agency Crash Nu 22-04759				stigating Officer/Deputy		
17	Crash Date 05/24/2022	Crash Time 08:22 PM	Date Arrived			Time	Time Arrived		
097RB	Date Notified 05/24/2022	Time Notified 08:22 PM	Total Ur 01	Total Units 01		Total	Total Injured 00 Total Killed 00		ł
60	On Emergency H	it and Run Lane (Closure	☐ Work Zone		£	Traîler or Towed		Reporting Threshold
6TL	Government Property	Active School Zone	NO NO	Bus Relat	ed	Tags			
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Υ		∖mended		Secondary Crash
	i, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.								
Ī	Location ——								
ī	ON STH33 EB				1 4141			Longitud	1-
	0.39 MI E				Latitude 43.530971754		-89.884		
	OF COUNTY LAND FILL LN							-09.004	19776
		0.0			X Coordin	ate	Y Coordi		inate
	IN THE TOWN OF EXCELSION	UR			266943			482382	3
	IN SAUK COUNTY								
					Structure Type NO STRUCTURE				
(Crash Scene								
1	First Harmful Event				T=:				
						ful Event Lo	cation		
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY			
ľ	Manner of Collision				Light Condition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT			Light Condition				
ŀ					Boodway	Roadway Factor(s)			
	Road Surface Condition(s)				Roadway	racion(s))I(s)		
	Environment Factor(s)								
Į.									
	Weather Condition(s)								
	AnimalType DEER				Relation To Trafficway TRAFFICWAY - ON ROAD				
ŀ	Crash Classification - Location			Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURIS					
ŀ	TribalLand				Access Control				0
	Tibalcand								Special Study
L									
	Unit Summary 💳								
	Unit Status		Vehicle Opera	ating As C	lassification		UnitType		
	IN TOANEIT	D CLASS			AUTOMOBILE				
				DCLASS					
_	Vehicle Type				Operating As Endorsements			ments	
01	PASSENGER CAR								
ŀ	TotalOccs	Total#Citations Issued 0		Total Traile		ailers Total Haz/\ 0		MatTypes	
	Total Occs Train/Bus#Recorded							21	
-	Insurance? Direction Of Travel					<u> </u>			
		ite Clash			e Speed Lin		it TotalLanes		# 5
LIND	YES EASTBOUND Mark								
\leq	Most Harmful Event: Collision Wit	Special Function				Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIM	NO SPECIAL FUNCT		HUN		NOT APPLICABLE			
	Traffic Way	Traffic Contro				Traffic Control Inoperative/Missing			
ŀ	Surface Type	Road Curvature				Road Grade			

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	Truc	ck Bus or HazMat							
	SECRETA	Vehicle	inananananananananan	sososososososososososososos	01001001001010101010101	015010131013111311131131131131131131	naniananananananananananananana		
		License Plate Number		Plate Type	St	Country of Issuance	Country of Issuance		
10		525ZLR		AUT - AUTOMOBILE	WI	UNITED STATES	S		
	5	Vehicle Identification Number JA3AU86W79U017465		Make MITSUBISHI	Year 2009	Model LANCER	ER		
	VEHICLE	Color ONG - ORANGE		Body Style SD - SEDAN	•	Bus Use	s Use		
		Initial Contact Point		Vehicle Damage		l	7 8 9 10 m		
TINO		12 - FRONT Extent Of Damage DISABLING DAMAGE Toward Dup To Damage		12 - FRONT			6 12 5 4 3 2 1		
							200 T 1000		
		Towed Due To Damage TOWED DUE TO DISABLIN	IG DAMAGE	Vehicle Removed By STEVES AUTO SERVICE					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
		Driver Actions NO CONTRIBUTING ACTION							
INS	VEHICLE								
5	J								
2	5	Owner Name Owner Address							
<u> </u>		Policy Holder							
\ N		Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual					
				TREYVOR THORP					
	•	Individual Driver		Citations Issued	Sex				
		TREYVOR NATHANIEL THORP Address Address 205 DESSA RAIN DR		0					
_	AUC.			Date of Birth	Race WHITE				
ş	5	Address		Driver License Number					
-	Z	205 DESSA RAIN DR REEDSBURG, WI 53959 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sa	On Duty Crash fety Equipment		Safety Equipment					
		Row	SeatPosition	SHOULDER & LAP	PBELT				
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance Airbag					
_									
01	8	Injury NO APPARENT INJURY		·					
		Ejected Ejection Path				Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		Data of Daath		Time of Doods			
		Hospital		Date of Death		Time of Death			

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		Distracted By So	urce				
		Distracted By					
		Distracted By Action					
		Striking Unit#	Location				
		Non Motorist					
		Prior Action	I				
		Action					
	_1						
	INDIWIDUAL						
UNIT	ā						
5	2						
	9						
	=						
							I
		Action Other					To/From School
			111	To			
	,	Drug & Alcohol NO	Suspected Drug Use				
	•						
		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
		IEST NOT GIVEN					
10	E	Drug Type	•		•		
0	8						
		Individual Condition					
		APPEARED NORMAL					
		AFFEARED NORWAL					