

6TL0CBQ6QH  
22-06109

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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|  |                                      |   |                                    |   |  |  |                    |
|--|--------------------------------------|---|------------------------------------|---|--|--|--------------------|
| Document Number Override                       |                                      | Primary Crash Document#                     |                                    | Agency Crash Number<br>22-06109           |  | Investigating Officer/Deputy<br>DEPUTY A. JAHNKE |                    |
| Crash Date<br>06/28/2022                       |                                      | Crash Time<br>10:57 AM                      |                                    | Date Arrived<br>06/28/2022                |  | Time Arrived<br>11:19 AM                         |                    |
| Date Notified<br>06/28/2022                    |                                      | Time Notified<br>11:02 AM                   |                                    | Total Units<br>01                         |  | Total Injured<br>00                              | Total Killed<br>00 |
| <input type="checkbox"/> On Emergency          | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure       | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Trailer or Towed |  | <input type="checkbox"/> Reporting Threshold     |                    |
| <input type="checkbox"/> Government Property   |                                      | <input type="checkbox"/> Active School Zone |                                    | School Bus Related<br>NO                  |  | Tags   |                    |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br>DT4000 (STANDARD CRASH)       |                                    | <input type="checkbox"/> Amended          |  | <input type="checkbox"/> Secondary Crash         |                    |

Description

|   |  |   |  |
|---|--|---|--|
| Diagram   |  | Reconstruction By                                       |  |
| <p>The diagram illustrates a T-intersection where Skillet Creek Rd meets Point of Rocks Rd from the south. Hwy 136 runs east-west through the center. Unit 1 is depicted at the intersection. Signs shown include a STOP sign on Skillet Creek Rd, a STOP sign on Point of Rocks Rd, and a YIELD sign on Hwy 136.</p> |  | <p>Photos By</p> <p>Additional Information<br/>NONE</p> |  |

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS TRAVELING SOUTHBOUND ON HWY136. A DEER JUMPED OUT CAUSING UNIT 1 TO SWERVE AND HIT THE GAS INSTEAD OF THE BRAKES. UNIT 1 TRAVELED EASTBOUND STRIKING THE STOP SIGN AT THE INTERSECTION. UNIT 1 TRAVELED SLIGHTLY FURTHER DOWN THE ROAD COMING TO A STOP ON HWY 136 EAST OF THE INTERSECTION.

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**Location**

|  |                              |                            |
|--|------------------------------|----------------------------|
| ON SKILLET CREEK RD<br>12 FT W<br>OF POINT OF ROCKS RD<br>(OTHER )<br><br>IN THE TOWN OF BARABOO<br>IN SAUK COUNTY | Latitude<br>43.438263805     | Longitude<br>-89.768972875 |
|  | X Coordinate<br>275911.40625 | Y Coordinate<br>4813209.5  |
|  | Structure Type<br>OTHER      |                            |

**Crash Scene**

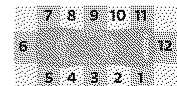
|  |   |   |
|--|---|---|
| First Harmful Event<br><b>TRAFFIC SIGN POST</b>                        | First Harmful Event Location<br><b>ROADSIDE</b>                       |   |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DAYLIGHT</b>                                    |   |
| Road Surface Condition(s)<br><b>DRY</b>                                | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>ANIMAL (S) IN ROADWAY</b>                  |   |   |
| Weather Condition(s)<br><b>CLEAR</b>                                   |   |   |
| Animal Type<br><b>DEER</b>   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |   |
| Tribal Land  | Access Control<br><b>NO CONTROL</b>                                   | Special Study                                     |
| Within Interchange Area<br><b>YES</b>                                  | Junction Location<br><b>INTERSECTION</b>                              | Intersection Type<br><b>FOUR-WAY INTERSECTION</b> |

**Unit Summary**

|                   |  |   |   |  |                                |
|-------------------|--|---|---|--|--------------------------------|
| <b>UNIT</b><br>01 | Unit Status<br><b>IN TRANSIT</b>                               | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                      |  |                                |
|                   | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>                 | Operating As Endorsements                             |   |  |                                |
|                   | Total Occs<br><b>2</b>   | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>                | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|                   | Insurance?<br><b>YES</b>                                       | Direction Of Travel<br><b>SOUTHBOUND</b>              | <input type="checkbox"/> <b>Pre Crash Tire Mark</b> | Speed Limit<br><b>55</b>                             | Total Lanes<br><b>2</b>        |
|                   | Most Harmful Event: Collision With<br><b>TRAFFIC SIGN POST</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        |   | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|                   | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                     | Traffic Control<br><b>NO CONTROL</b>                  |   | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|                   | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                   | Road Curvature<br><b>STRAIGHT</b>                     |   | Road Grade<br><b>LEVEL</b>                           |                                |
|                   | Truck Bus or HazMat<br><b>NO</b>                               |   |   |  |                                |

**Vehicle**

|   |   |   |                     |   |
|---|---|---|---------------------|---|
| <b>UNIT</b><br>01<br><b>VEHICLE</b><br>01 | License Plate Number<br><b>AAP3488</b>                    | Plate Type<br><b>AUT - AUTOMOBILE</b>           | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|   | Vehicle Identification Number<br><b>1GNSKCKC4GR455023</b> | Make<br><b>CHEVROLET</b>                        | Year<br><b>2016</b> | Model<br><b>TAHOE</b>                       |
|   | Color<br><b>WHI - WHITE</b>                               | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b> |                     | Bus Use                                     |
|   | Initial Contact Point<br><b>00 - NON-COLLISION</b>        | Vehicle Damage                                  |                     |   |
|   | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>              | <b>12 - FRONT</b>                               |                     |   |



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|   |   |  |   |  |
|---|---|--|---|--|
| UNIT VEHICLE                                  | Towed Due To Damage<br><b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>  |  | Vehicle Removed By<br><b>MIKES TOWING</b>                             |  |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>  |  | Vehicle Factors   |  |
|   | Driver Prior Action Other   |  | <b>NOT APPLICABLE</b>   |  |
|   | Driver Actions<br><b>SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.</b> |  |   |  |
| 01  | Owner Name<br><b>CAPITAL GROUND CONSTRUCTION<br/>(608) 469-2140</b>   |  | Owner Address<br><b>S7737 ALLBRITE DR<br/>MERRIMAC, WI 53561 , US</b> |  |
|   | <b>Sequence Of Events</b>   |  |   |  |
| 01  | 01  | Event<br><b>TRAFFIC SIGN POST</b>                              |   |  |
|   | 02  | Event  |   |  |
|   | 03  | Event  |   |  |
|   | 04  | Event  |   |  |
| UNIT  | <b>Policy Holder</b>  |  |   |  |
|   | Insurance Company<br><b>PROGRESSIVE-CASUALTY-INS-CO</b>   |  | Organization/Company<br><b>CAPITAL GROUND CONSTRUCTION</b>            |  |
| UNIT INDIVIDUAL                               | <b>Individual</b>   |  |   |  |
|   | Driver<br><b>AMANDA ROSE SAURI<br/>(608) 373-1240</b>   |  | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                     |
|   | Address<br><b>S7737 ALLBRITE DR<br/>MERRIMAC, WI 53561 , US</b>   |  | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                     |
|   | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>   |  |   |  |
| 01  | <b>Safety Equipment</b>   |  | On Duty Crash   |  |
|   | Safety Equipment  |  |   |  |
|   | Row<br><b>01 - FRONT ROW</b>  | Seat Position<br><b>07 - LEFT</b>                              | <b>SHOULDER &amp; LAP BELT</b>  |  |
|   | Helmet Use  |  | Helmet Compliance   |  |
|   | Eye Protection  |  | Tint Compliance   |  |
|   | <b>Injury</b>   |  | Injury Severity<br><b>NO APPARENT INJURY</b>                          | Airbag<br><b>NON DEPLOYED</b>            |
| Ejected<br><b>NOT EJECTED</b>                 |   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>             |   | Trapped/Extricated<br><b>NOT TRAPPED</b> |
| Medical Transport<br><b>NOT TRANSPORTED</b>   |   | EMS Agency Identifier  |   | EMS Run #                                |
| Hospital                                      |   | Date of Death  |   | Time of Death                            |
| <b>Distracted By</b>                          |   | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |   |  |
| Distracted By Action<br><b>NOT DISTRACTED</b> |   |  |   |  |

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|                                      |   |   |   |                                   |  |
|--------------------------------------|---|---|---|-----------------------------------|--|
| UNIT<br>INDIVIDUAL                   | <b>Non Motorist</b>                                     |   | Striking Unit#                          | Location                          |  |
|                                      | Prior Action  |   |   |                                   |  |
|                                      | Action  |   |   |                                   |  |
|                                      | Action Other  |   |   | To/From School                    |  |
| 01<br>001                            | <b>Drug &amp; Alcohol</b>                               |   | Suspected Alcohol Use<br>NO             | Suspected Drug Use<br>NO          |  |
|                                      | Alcohol Test Given<br>TEST NOT GIVEN                    |   | Alcohol Test Type                       | Alcohol Test Results              |  |
|                                      | Drug Test Given<br>TEST NOT GIVEN                       |   | Drug Test Type                          | Drug Test Results                 |  |
|                                      | Drug Type   |   |   |                                   |  |
|                                      | Individual Condition<br>APPEARED NORMAL                 |   |   |                                   |  |
|                                      | <b>Individual</b>                                       |   |   |                                   |  |
| UNIT<br>INDIVIDUAL                   | Passenger<br>ELIJAH W LA SARGE                          |   | Citations Issued<br>0                   | Sex<br>MALE                       |  |
|                                      |   |   | Date of Birth<br>[REDACTED]             | Race<br>WHITE                     |  |
|                                      | Address<br>S7737 ALLBRITE DR<br>MERRIMAC, WI 53561 , US |   | Driver License Number                   |                                   |  |
|                                      | <b>Safety Equipment</b>                                 |   |   |                                   |  |
| 01<br>002                            | On Duty Crash   |   | Safety Equipment                        |                                   |  |
|                                      | Row<br>02 - SECOND ROW                                  | Seat Position<br>09 - RIGHT                 | CHILD RESTRAINT SYSTEM - FORWARD FACING |                                   |  |
|                                      | Helmet Use  |   | Helmet Compliance                       |                                   |  |
|                                      | Eye Protection  |   | Tint Compliance                         |                                   |  |
|                                      | <b>Injury</b>   |   | Injury Severity<br>NO APPARENT INJURY   | Airbag<br>NON DEPLOYED            |  |
|                                      | Ejected<br>NOT EJECTED                                  | Ejection Path<br>NOT EJECTED/NOT APPLICABLE |   | Trapped/Extricated<br>NOT TRAPPED |  |
| Medical Transport<br>NOT TRANSPORTED |   | EMS Agency Identifier                       | EMS Run#                                |                                   |  |
| Hospital                             |   | Date of Death                               | Time of Death                           |                                   |  |
| <b>Distracted By</b>                 |   | Distracted By Source                        |   |                                   |  |
| Distracted By Action                 |   |   |   |                                   |  |
| <b>Non Motorist</b>                  |   | Striking Unit#                              | Location                                |                                   |  |

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|   |   |                             |                          |
|---|---|-----------------------------|--------------------------|
| UNIT<br>INDIVIDUAL<br><br><br><br><br><br><br><br><br><br>01<br>002 | Prior Action                            |                             |                          |
|   | Action                                  |                             |                          |
|   | Action Other                            |                             | To/From School           |
|   | <b>Drug &amp; Alcohol</b>               | Suspected Alcohol Use<br>NO | Suspected Drug Use<br>NO |
|   | Alcohol Test Given<br>TEST NOT GIVEN    | Alcohol Test Type           | Alcohol Test Results     |
|   | Drug Test Given<br>TEST NOT GIVEN       | Drug Test Type              | Drug Test Results        |
|   | Drug Type                               |                             |                          |
|   | Individual Condition<br>APPEARED NORMAL |                             |                          |