6TL09XQZ4B 22-06999

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/20/2022

Crash Time 05:01 AM

	Document Number Override	Primary Crash E	Primary Crash Document#		Agency Crash Number 22-06999			Investigating Officer/Deputy DEPUTY I. GALVAN			
4B	Crash Date 07/20/2022	Crash Time 05:01 AM			Date Arrived		Time	Time Arrived			
6TL09XQZ	Date Notified 07/20/2022	Time Notified 05:03 AM			Total Units 01		Total		Injured Total Killed 00		
60	On Emergency	Hit and Run Lane Closure Work Zone		***************************************	Frailer or Towed Reporting Threshold						
6T	Government Property Active School Zone			School Bus Related NO			Tags	Tags			
	Reportable	Crash Type NON-DOMES	TICATED ANIM	AL W/ NO	O INJUR	Υ		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ——										
- {	ON USH14 EB					Latitude			Longitud	łe	
	0.47 MI E					43.190932406 X Coordinate		-90.163		3709443	
	OF PORTER RD										
	IN THE TOWN OF SPRING IN SAUK COUNTY	GREEN	EN			242922.71875			Y Coordinate 4786878		
				• • • • • • • • • • • • • • • • • • •			Structure Type NO STRUCTURE				
(Crash Scene										
1	First Harmful Event					Eirot Uarro	ıful Event Lo	aatian			
		4A1 (A13)(E)						ocauon			
	NON DOMESTICATED ANI	MAL (ALIVE)				ON ROA					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEH	CLE IN TRANSF	PORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
•	Environment Factor(s)					1					
•	Weather Condition(s)					1					
•	Animal Type DEER Crash Classification - Location PUBLIC PROPERTY					Relation To Trafficway TRAFFICWAY - ON ROAD					
-						Crash Classification - Jurisdiction					
						NO SPECIAL JURISDICTION					
•	Tribal Land			A		Access Control				Special Study	
l	Unit Summary										
	Unit Status		1\/ok	niala Onora	ting As C	lassification		I the it To on a			
				hicle Operating As Classification			UnitType				
	IN TRANSIT D CLASS							AUTOMOBILE			
5	Vehicle Type PASSENGER CAR					Operating As Endorsements					
_	F==					T-4-17-33-3-3-17			=		
	Total Occs	Train/Bus#Recon	ded Total#Citations is 0		ns Issued	ed Total				Total HazMat Types 0	
	Insurance? YES	Direction Of Trave		Pre CrashTire		Speed Lim		it TotalLane		es	
LIND	Most Harmful Event: Collision With			Mark Special Function				Emergency Motor Vehicle Use		icle Use	
5	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION					OT APPLICABLE		
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing			tive/Missing	
	Surface Type			Road Curvature			Road Grade				

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	Truc	sk Bus or HazMat								
		Vehicle License Plate Number 715ZCW		Plate Type AUT - AUTOMOBILE	St WI	Country of issuance UNITED STATES				
2	VEHICLE 01	Vehicle Identification Number JTDKBRFU8G3006056		Make TOYOTA	Year 2016	Model PRIUS				
		Color BLK - BLACK		Body Style 4H - HATCHBACK 4 E	Body Style Bus Use 4H - HATCHBACK 4 DOOR					
IN		Initial Contact Point 12 - FRONT Extent Of Damage		Vehicle Damage 7: 8: 9: 10: 11 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT 6: 32 CORNER, 12 - FRONT 2: 4: 3: 2: 3						
-		DISABLING DAMAGE Towed Due To Damage		CORNER, 12 - FRONT 5 4 3 2 3 Vehicle Removed By						
		NOT TOWED What Driver Was Doing		OWNER						
		what Driver was Doing		Vehicle Factors						
		Driver Prior Action Other								
 ⊨	毋	DriverActions NO CONTRIBUTING ACTION								
INN	VEHICLE									
٦	5	Cwhat Name		Owner Address						
 ⊑		Policy Holder		***************************************						
N N		Insurance Company FORTEGA SPECIALTY IN	ıs	Individual KHAMMING BACCA	AM					
	INDIVIDUAL	ndividual Driver			Citations Issued Sex					
		KHAMMING BACCAM (608) 770-5547		Citations Issued 0	MALE					
 		(000) 110-3341		Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN					
TNO		Address 14 PEPPER WOOD CT MADISON, WI 53704 , US		Oriver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	c _s ,	On Duty Crash Safety Equipment		Safety Equipment						
	941	Row Seat Position		SHOULDER & LAP BELT						
		HelmetUse		HeimetCompliance						
		Eye Protection		TintCompliance						
2	8	injury Severity Injury NO APPARENT INJURY		Airbag						
		Ejection Path		Trapped/Extricated						
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital		Date of Death		Time of Death				

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	Distracted By S	ource					
	Distracted By Action						
	Non Motorist Striking Unit#	Location					
	Prior Action						
	Action						
UNIT							
						1=	
	Action Other					To/From School	
	Drug & Alcohol NO	phol Use	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 🖁	Drug Type						
	Individual Condition						
	APPEARED NORMAL						