## 6TL0BFKDH1 22-08728

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [	-		Agency Crash Number 22-08728			Investigating Officer/Deputy  DEPUTY H. VOLZ				
Ξ	Crash Date <b>09/02/2022</b>	Crash Time 06:20 AM	· · · · · · · · · · · · · · · · · · ·		Date Arrived		Time	Time Arrived				
FKDH	Date Notified <b>09/02/2022</b>	Time Notified 06:20 AM			Total Units <b>01</b>		Tota <b>00</b>	otal Injured Total Killed		i		
0B	On Emergency	it and Run	and Run Lane Close		ure Work 2			Trailer or To		wed Reporting Threshold		
6TL	Government Active School Zone			School Bus Related NO			Tag	Tags				
	<b>✓</b> Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RYAmended			Secondary Crash				
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location											
į	ON STH60 EB					Latitude			Longitud	de		
	1155 FT W					43.23203	30994	-89.8579				
	OF CASSELL RD					X Coordin	ate		V Coord	inate		
	IN THE TOWN OF TROY					267925.78125				Y Coordinate <b>4790548</b>		
	IN SAUK COUNTY								1.000			
						Structure 1	туре					
	Crash Scene											
ì	First Harmful Event					First Harm	nful Event L	aaatian				
		4AL (ALIVE)						ocation				
	NON DOMESTICATED ANIMAL (ALIVE)  Manner of Collision				ON ROADWAY							
		O. E IN TRANS	DODT			Light Cond	aition					
	00 - NO COLLISION W/VEH	ICLE IN TRANSI	PORI									
	Road Surface Condition(s)					Roadway	Factor(s)					
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type					Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION						
	Tribal Land	_				Access Co	ontrol		Special Study		tudy	
Ī	Unit Summary											
	Unit Status		Veh	nicle Operat	ting As C	lassification	l	Unit Type				
	IN TRANSIT			D CLASS				AUTOMO	BILE			
	Vehicle Type				Operating As Endorsements							
01	PASSENGER CAR											
	Total Occs Train/Bus # Recorded			Total # Citations Issued		d Total Tra		Trailers   Total Ha		Mat Types		
	1		o			0				0		
	Insurance?	Direction Of Trave	1	Pre CrashTire						es		
<u>.                                    </u>	YES				Mark							
LINO	Most Harmful Event: Collision With			Special Function			<del></del>		Emergency Motor Vehicle Use			
ر	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			NOT APPLICABLE					
	Traffic Way			Traffic Control			Traffic Co		ntrol Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade				

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	Truc	k Bus or HazMat							
	,	Vehicle							
01		License Plate Number	Plate Type			untry of Issuance			
	۶	871ZMU	AUT - AUTOMOBILE	WI	UNITED STATES				
		Vehicle Identification Number  1FMCU03Z58KC24856	Make FORD	Year <b>2008</b>	Model ESCAPE XLT				
		Color	Body Style	Bus Use					
		TAN - TAN	LL - CARRYALL	LL - CARRYALL					
_	VEHICLE	Initial Contact Point	Vehicle Damage 7 8 9 10 11						
LIND		12 - FRONT Extent Of Damage	O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT						
⊃		FUNCTIONAL DAMAGE							
•		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions							
  -	VEHICLE	NO CONTRIBUTING ACTION							
LND	₹								
_	ΛE								
		Owner Name	Owner Address	Owner Address					
6	6								
l⊨		Policy Holder							
LNO		Insurance Company AMERICAN-FAMILY-INS-CO	Individual CALEB CURTIS						
		Individual							
	DIVIDUAL	Driver	Citations Issued	Citations Issued Sex					
		CALEB CURTIS	0	MALE					
		(608) 485-3924	Date of Birth	Race WHITE					
END.	=	Address	Driver License Numbe						
5	<u></u>	33305 YEAGER LN		Driver License Number					
	Z	LONE ROCK, WI 53556 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash  fety Equipment	Safety Equipment	Safety Equipment					
		Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
		Lyo i lotodion	The Compilation						
2	001	Injury Severity Injury NO APPARENT INJURY	Airbag	Airbag					
	0	NO APPARENT INJURY  Ejected Ejection Path	Trapped/Extricated						
İ		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	D-t(D- "		T: (D !!				
		Hospital	Date of Death		Time of Death				

Crash Date 09/02/2022 Crash Time 06:20 AM

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Crash Date 09/02/2022

Crash Time 06:20 AM

		Distracted By Source							
Distracted By Action									
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	JAL								
LNO	INDIVIDUAL								
	N								
		Action Other						To/From School	
	Drug & Alcohol 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		;		
2	001	Drug Type							
		Individual Condition							
	APPEARED NORMAL								
		AI I LAILLE NOIL	TIAL .						