# 6TL0D7W15L 22-09018

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/08/2022

Crash Time 07:46 PM

				1 ~ ,			nvestigating Officer/Deputy DEPUTY K. MUELLER			
15L	Crash Date         Crash Time           09/08/2022         07:46 PM		Date Arrived		Time	Time Arrived				
6TL0D7W15I	Date Notified 09/08/2022	Time Notified 08:02 PM	Total Ui 01	Total Units 01		Tota 00	Total Injured Total Killed 00		ł	
0.	On Emergency	it and Run Lane (	ne Closure Wo		rk Zone		Trailer or T	owed	Reporting  Threshold	
6TL	Government Property	NO NO	I .		Tags	ags				
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	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 <b>———</b>									
Ī	ON LIME RIDGE RD/ CTHK \	WB			Latitude			Longitud	la	
	0.92 MI E				43.521239431		-90.0766			
	OF THOMAS RD						Y Coordi			
	IN THE TOWN OF IRONTON				X Coordin					
	IN SAUK COUNTY				251347.1	40625		482330	0	
	M DAGR GGGRA				Structure 7	Type				
						•.				
l.					l .					
(	Crash Scene									
	First Harmful Event				FirstHarm	ıful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY				
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT								
ŀ	Road Surface Condition(s)				Poadway	Factor(e)				
	road ourrace Condition(s)				Roadway Factor(s)					
ŀ	Environment Factor(s)				-					
	Elivilorial deter(e)									
ŀ	Weather Condition(s)					1				
	weener condition(s)									
ľ	Animal Type  DEER  Crash Classification - Location				Relation To Trafficway					
					TRAFFICWAY - ON ROAD					
					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURIS					
ŀ	TribalLand				Access Control				Special Study	
	F 1100 G61 3m G61 (GC			7.00633.0011901				opecial olddy		
l										
	Unit Summary 💳									
	Unit Status		Vehicle Oper	Vehicle Operating As Classification			UnitType			
	IN TRANSIT	D CLASS				AUTOMOBILE				
_	Vehicle Type				Operating As Endorsements			ments		
01	PASSENGER CAR						'			
ŀ	Total Occs Train/Bus#Recorded Ti			Total# Citations Issued		1 Total Trail		 lers		
			Total # Citations Issued 0		0		0			
		<u> </u>							26	
		EASTBOUND	1 16 Clashiin			e Speed Lim		nt   I Otal Lailes		
LIND				Mark			Emorgonov Motor Vokisla Ura			
5	Most Harmful Event: Collision Wit	Special Function NO SPECIAL FUNCT		TION		Emergency Motor Vehicle Use NOT APPLICABLE				
	NON DOMESTICATED ANIM	NO SPECIAL FUNC		I IVIY						
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type	Road Curvature				Road Grade				

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	Truc	ck Bus or HazMat							
	L	Vehicle							
10		License Plate Number		Plate Type	St	Country of Issuance	9		
		APC3722  Vehicle Identification Number		AUT - AUTOMOBILE  Make	Wi Year	Model Model	S		
	5	1G1ZJ57B68F182779		CHEVROLET	2008	MALIBU			
		Color		Body Style	I	Bus Use	Bus Use		
	VEHICLE	BLK - BLACK Initial Contact Point		SD - SEDAN  Vehicle Damage					
_		12 - FRONT		7. 8. 9. 10. 1					
N N	Ĭ	Extent Of Damage		O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 8 2 1					
_	7	DISABLING DAMAGE							
		Towed Due To Damage TOWED DUE TO DISABLE	NG DAMAGE	Vehicle Removed By SHIELDS TOWING					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
		Driver Actions							
ᆫ	Щ	NO CONTRIBUTING ACTION							
	VEHICLE								
_	Щ,								
_		Owner Address							
2	5								
Ħ		Policy Holder Insurance Company Individual							
<b> </b>		PROGRESSIVE-CLASSIC-INS-CO		Individual  MAKENSIE ESCHER	₹				
	DIVIDUAL	Individual							
		Driver MAKENSIE LYNN ESCHER		Citations Issued	Citations issued Sex				
		(608) 473-4170	X	O Date of Birth					
  -				Date of Bills	WHITE				
ş	S	Address		Driver License Number					
	Z	E3024 SUGAR MAPLE RD HILLPOINT, WI 53937 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	c.	On Duty Crash  fety Equipment		Safety Equipment					
			Post Docition	SHOULDER & LAP BELT					
		Row	Seat Position	SHOULDER & LAN	J 1				
		HelmetUse		Helmet Compliance					
		Eye Protection		TintConvilous					
		Injury Severity Injury NO APPARENT INJURY  Ejected Ejection Path		Tint Compliance					
2	8			Airbag					
0	•			Trapped/Extricated					
						Happed Canicaed			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		Data of Doort		Time of Dooth			
		Hospital		Date of Death		Time of Death			

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		Distracted By Source						
		Distracted By Action						
	l	Non Motorist Striking Unit	# Location					
		Prior Action Prior Action						
UNIT	INDIVIDUAL	Action Action Other					To/From School	
	L L	Drug & Alcohol NO	lcohol 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	8	Drug Type			•			
		Individual Condition  APPEARED NORMAL						
)								