6TL09XQZ4L 22-09511

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/23/2022

Crash Time 06:35 AM

	Document Number Override	Primary Crash Document#		Agency Crash Number 22-09511		mber	Investigating Officer/Deputy DEPUTY I. GALVAN				
<u>'4</u>	Crash Date 09/23/2022	Crash Time 06:35 AM			Date Arrived		Time	Time Arrived			
6TL09XQZ4I	Date Notified 09/23/2022	Time Notified 06:37 AM			Total Units 01		Total		Injured Total Killed 00		
60-	On Emergency	lit and Run			Work Zone		2000000000	Trailer or Towed		Reporting Threshold	
ETI	Government Property Active School Zone			School Bus Related NO			Tags	Tags			
	Reportable	Crash Type NON-DOMES	TICATED ANIM	IAL W/ NO	INJUR	Υ		Amended		Secondary Crash	
	☑ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location ——										
·	ON CTHT EB					Latitude			Longitud	e	
	0.51 MI W					43.520565604				1447912	
	OF PASCHEN RD					X Coordin	ate		Y Coordi	nate	
	IN THE TOWN OF FAIRFIEL IN SAUK COUNTY	D					282238.84375 4822152.5				
						Structure Type NO STRUCTURE					
	Crash Scene										
,						I =:		.,			
	First Harmful Event					l	ful Event Lo	cation			
Į.	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA	DWAY				
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	ORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
ľ	Environment Factor(s)					1					
ŀ	Weather Condition(s)					1					
	Treation Continuing)										
Animal Type DEER						Relation To Trafficway TRAFFICWAY - ON ROAD					
-	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION					
Ì						Access Control				Special Study	
l											
	Unit Summary 💳										
					ehicle Operating As Classification			UnitType			
	IN TRANSIT	DO	CLASS				AUTOMOBILE				
9	Vehicle Type							Operating A	s Endorser	nents	
0	PASSENGER CAR										
	Total Occs Train/Bus # Recorded		1	Total#Citations Issued						Mat Types	
	1 Insurance?	Direction Of Trave		0		0 Speed		0 ed Limit Total		ne.	
-	YES	EASTBOUND	,, 1 1			Pre CrashTire Spe Mark		TOTAL TOTAL		:5	
LIND	Most Harmful Event: Collision With			ecial Functi	on			Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA	L FUNC	TION		NOT APPLICABLE			
	Traffic Way			Traffic Control			Tra		Traffic Control Inoperative/Missing		
}	Surface Type			Road Curvature			Road Gra		ade		
	<u>"</u>			, 1004 Gai 161616							

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ı	Terre	ck Bus or HazMat								
	HUL	K Busui Hazivat								
	5000000	Vehicle	0750750750750750750750750750750750750750	050150150150150150150150150150150150150						
		License Plate Number		Plate Type	St	Country of Issuance				
10		AKE8314		AUT - AUTOMOBILE	WI	UNITED STATES	3			
	5	Vehicle Identification Number		Make TOYOTA	Year 2015	Model				
		2T1BURHE4FC233038 Color		Body Style	2013	COROLLA Bus Use				
		BLK - BLACK		4D - 4DR		505 050				
	щ	Initial Contact Point		Vehicle Damage						
NNI	VEHICLE	01 - RIGHT FRONT CORNER		7 8 9 10 11 - 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE 5 0						
	I	Extent Of Damage FUNCTIONAL DAMAGE		FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1						
		Towed Due To Damage								
		NOT TOWED		OWNER						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
	щ	NO CONTRIBUTING ACT	TION							
INN	VEHICLE									
5										
	7									
		Owner Varrie		Owner Address						
_	_									
2	5									
HN		Policy Holder								
5		Insurance Company PROGRESSIVE-UNIVER	SAL-INSURANCE-COMP	Individual MITCHELL GROENH	łOF					
						Was a reference and a second and a second				
		Driver		Citations Issued	ations issued Sex					
		MITCHELL W GROENHO	F	0	0 MALE					
	DIMDUA	(952) 495-4010		Date of Birth	of Birth Race WHITE					
F	8	A aladus a s								
5		Address 1340 WALNUT ST #5 BARABOO, WI 53913 , US		Drivert icense Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment		Safety Equipment						
			In 15 %	SHOULDER & LAP BELT						
		Row	Seat Position	SHOULDER & LAF	DEL I					
		Helmet Use	Helmet Use		Heimet Compliance					
		Eye Protection Injury Severity Injury NO APPARENT INJURY		TintCompliance						
				Airbag	I Albana					
01	8			All lay						
		Ejected	Ejection Path	Trapped/Extricated						
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED		Date of Death		Time of Death	Time of Death			
		Hospital		Date of Death		HINE OF DEBUT				

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		_						
		Distracted By Source						
		Distracted By Action						
		Non Motorist	Striking Unit#	Location				
		Prior Action						
LIND	INDIVIDUAL	Action						
		Action Other	No		I Connected Develop			To/From School
	I	Drug & Alcohol NO			Suspected Drug Use NO			
		Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN				Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		3	
2	001	Drug Type						
		Individual Condition APPEARED NORMA	AL					
	veneming phys							