6TL0DKRB04 22-10269

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/15/2022

Crash Time 11:10 PM

	Document Number Override Primary Crash Document#		ument#	Agency Crash Number			Investigating Officer/Deputy DEPUTY R. BARNES				
304	Crash Date Crash Time 10/15/2022 11:10 PM			Date Arrived		Time	Time Arrived				
₩	Date Notified	Time Notified		Total U	nits		Total	Injured	Total Killed		
ᅜ	10/15/2022 11:10 PM			01	····-		00		00		
0	On Emergency H	On Emergency Hit and Run Lane		osure Work Zone		I	Trailer or Towed		Reporting Threshold		
6TL0DKRB04	Government Active School Zone			School Bus Related NO		Tags	Гags				
	▽ Reportable	CATED ANI	NIMAL W/ NO INJURY				Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ———										
Ī	ON CTHW NB					Latitude			Longitud	lo.	
	0.87 MI E					43.46638282			-89.654497473		
	OF BLUFF RD					43.40036262		-09.054491415		491413	
	IN THE TOWN OF GREENFI	ELD				X Coordin	ate	Y Coordinate		inate	
	IN SAUK COUNTY	ELD				285275.6875			481603	4816031	
	IN SAUK COUNT					Structure Type					
							, ype				
Į											
(Crash Scene										
1							ful Event Lo	antion			
		4 A L (A L 1) (=)				ON ROA		cauon			
	NON DOMESTICATED ANIN	IAL (ALIVE)									
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPO	RT								
l	Road Surface Condition(s)					Roadway Factor(s)					
l	Environment Factor(s)					1					
	Environments deter(s)										
l	Weather Condition(s)										
	.,										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
ļ	PUBLIC PROPERTY										
	Tribal Land				Access Control				Special Study		
Ī	Unit Summary										
	Unit Status		I V/a	ahicla Onar	ating Δε C	laccification		UnitType			
				Vehicle Operating As Classification			AUTOMOBILE				
	IN TRANSIT D CLASS										
0	Vehicle Type					Operating As Endorsements					
0	(SPORT) UTILITY VEHICLE										
l	Total Occs Train/Bus#Recorded			Total#Citations Issued		Total Trail		ilers Total Hazi		Mat Types	
	1		0	0		0		0			
	Insurance? Direction Of Travel				. Speed Lim		nit Total Lanes		25		
_		NORTHBOUND	-	Pre CrashTire				-			
L N				Special Function		1		Emergency Motor Vehicle Use			
)	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT		TION		NOT APPLICABLE			
	` ,					· -					
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature			Road Gra		ade		

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	Truc	ik Bus or HazMat								
		Vehicle								
		License Plate Number 426VUU		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	1			
2	5	Vehicle Identification Number SHSRD68443U101286		Make HONDA	Year 2003	Model CRV				
UNIT		Color BLK - BLACK		Body Style Bus Use UT - SPORT UTILITY VEHICLE						
	VEHICLE	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT 5, 4, 3, 2, 3, 2, 3, 3, 4, 3, 2, 3, 3, 3, 4, 3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,						
Ś		Extent Of Damage DISABLING DAMAGE								
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By TBD						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
_	3	Owner Name		Cwmer Address						
2	6									
		Individual								
		Driver DYLAN JACOBSEN		Citations Issued 0	Sex MALE					
_	P P			Date of Birth	Race WHITE					
TNO	INDIVIDUAL	Address 3770 ORIN RD MADISON, WI 53704 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sa	On Duty Crash afety Equipment		Safety Equipment						
		Row	SeatPosition	SHOULDER & LAP	SHOULDER & LAP BELT					
		Helmet Use Eye Protection		Helmet Compliance						
				TintCompliance						
10	100	Injury Sev Injury NO APP	Airbag							
		Ejected :	Ejection Path	Trapped/Extricated						
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital		Date of Death		Time of Death				
		Distracted By Distracted	d By Source	I						

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Distracted By Action						
Non Motorist	Jnit# Location					
Prior Action						
Action Action Other					To/From School	
Drug & Alcohol NO	Suspected Drug Use NO	1				
Alcohol Test Given TEST NOT GIVEN	Alcohol Test Typ	pe e			Alcohol Test Results	
Drug Test Given Drug Test T			Drug Test Results			
Drug Type	·		•			
Individual Condition						
APPEARED NORMAL						
	Prior Action Action Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Non Motorist Prior Action Action Action Action Other Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Prior Action Action Other Action Other Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Non Motorist Striking Unit # Location	Non Motorist Striking Unit # Location	