6TL0C22XXF 22-10804

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document#		Agency Crash Number 22-10804			Investigating Officer/Deputy DEPUTY A. WILCOX				
¥	Crash Date 10/29/2022	Crash Time 07:50 PM		Date Arrived		Time	Time Arrived				
6TL0C22XXF	Date Notified 10/29/2022	Time Notified 07:55 PM		Total Units 01		Total		l Injured	Injured Total Killed 00		
0	On Emergency	it and Run	Lane Close			Work Zone		Trailer or T	owed	Reporting Threshold	
6TI	Government Property Active School Zone			School Bus Related 1			Tags	Tags			
	Reportable	Crash Type NON-DOMEST	ICATED ANIM	AL W/ NC	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 CTHB EB					Latitude			Longitud	e	
	766 FT W			43.25566		386		_	-89.909921615		
	OF GUHL RD					X Coordinate			V Coordi	Y Coordinate	
	IN THE TOWN OF TROY IN SAUK COUNTY					263796.53125			4793319		
						Structure Type NO STRUCTURE					
(Crash Scene										
1	First Harmful Event					First Harm	fulEventLo	ocation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROA					
ŀ	Manner of Collision	· · · · (· · · · · · ·)									
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPO	ORT			Light Condition					
ŀ	Road Surface Condition(s)	DEE III TIONIO				Roadway	Factor(e)				
	(Voad Contace Contaction(s)					Noadway	s actor(s)				
Ì	Environment Factor(s)					1					
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
ŀ	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
ŀ	Tribal Land					Access Control				Special Study	
	* * * * * * * * * * * * * * * * * * *									,	
L	Unit Summary					I					
	Unit Status		l \/oh	icle Operat	tina As C	laccification		LinitTuna			
	1 '			ing As Classification			Unit Type TRUCK				
-	IN TRANSIT D CLASS Vehicle Type					Operating As Endorsements					
01	UTILITY TRUCK/PICKUP TRUCK							Operating	15 L11001561	ICIID	
_						Total Traile		Total HazMat Types		Mat Types	
	1	Hally Das # I/ecold	0	Total#Citations Issued 0		0		o lotar		viat i ypes	
_		Direction Of Travel EASTBOUND		Pre CrashTire Mark		Speed Limi		nit	Total Lane	es	
LNO	Most Harmful Event: Collision With			Special Function				Emergency Motor Vehicle Use			
 	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT		TION		NOT APPLICABLE			
}	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	······································			, terric control				The Constitution of the Co			
	Surface Type			Road Curvature			Road Grade				

Wisconsin Motor Vehicle Crash Form DT4000 Crash Date 10/29/2022
Crash Time 07:50 PM

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	Truc	ck Bus or HazMat								
		Vehicle								
UNIT 01		License Plate Number		Plate Type	St	Country of Issuance	Country of Issuance			
		GP6270		LTK - LIGHT TRUCK	WI	UNITED STATES	S			
	5	Vehicle Identification Number 1C6SRFFT9KN589470		RAM	Year 2019	Model 1500				
		Color		Body Style		Bus Use				
	VEHICLE	BLK - BLACK		PK - PICKUP						
		Initial Contact Point 12 - FRONT		Vehicle Damage			7 8 9 10 11			
		Extent Of Damage		12 - FRONT			6 U			
	W S	FUNCTIONAL DAMAGE					5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing		EVERETTS TOWING						
		What Driver Was Doing		Versicle Factors	Vehicle Factors					
		Driver Prior Action Other								
	ш	Driver Actions NO CONTRIBUTING ACTION								
⊨	VEHICLE									
	3									
		Owner Name		Owner Address						
_		William 1941-1945								
2	5									
Ħ		Policy Holder Insurance Company Individual								
 		USAA-CASUALTY-INS-CO		Individual SHANE SCHWEPPE						
		individual		1						
		Driver		Citations Issued	Citations Issued Sex					
	4	SHANE ROLLAND SCHWE (608) 575-0194	PPE	0 MALE						
_	3			Date of Birth	Race WHITE					
ş	DIMIDUA	Address		Driver License Number	Driver License Number					
-	2	4619 SUNBURST DR DEFOREST, WI 53532 , US		STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment						
	Sat	fety Equipment		and all sales						
		Row	SeatPosition	SHOULDER & LAP	BELT					
		11-1		11-1						
		Helmet Use		Helmet Compliance						
		Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path		TintCompliance						
10	S			Airbag						
										
						Trapped/Extricated				
		Medical Transport		EMS Agency Identifier	_	EMS Run#				
		NOT TRANSPORTED Hospital		Date of Death		Time of Death	Time of Death			
		Hospital		Date of Death		Fine of Death				

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						(000,000 1000	
	Distracted By	By Source					
	Distracted By Action						
	Non Motorist Striking Ur	it# Location					
	Prior Action	,					
	Action						
	Action Other					To/From School	
	Drug & Alcohol NO	Suspected Drug Use NO					
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	9		Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
<u>a</u>	Drug Type	•					
	Individual Condition						
	APPEARED NORMAL						