# 6TL0CVRP4Q 22-12296

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/09/2022

Crash Time 05:37 PM

|            | Document Number Override   | Primary Crash Document# Agency Cra 22-12296 |                                      |                                     |                                     |               | stigating Officer/Deputy<br>RGEANT B. LUBER |  |                      |  |
|------------|--|---|--------------------------------------|-------------------------------------|-------------------------------------|---------------|---|--|----------------------|--|
| 4Q         | Crash Date         Crash Time           12/09/2022         05:37 PM                          |   | Date Arrived                         |                                     | Time                                | Time Arrived  |   |  |                      |  |
| 6TL0CVRP40 | Date Notified 12/09/2022   | Time Notified 05:40 PM                      | Total Ui<br>01                       | Total Units 01                      |                                     | Tota<br>00    | Total Injured Total Killed 00               |  |                      |  |
| 5          | On Emergency   | it and Run Lane (                           | Closure                              | re Work Zone                        |                                     | 3             | Trailer or Towed                            |  | Reporting  Threshold |  |
| 6TL        | Government Property  | Active School Zone                          | NO<br>NO                             | Bus Relat                           | ed                                  | Tags          |   |  |                      |  |
|            | Reportable   | Crash Type NON-DOMESTICATED A               | NIMAL W/ N                           | O INJUR                             | ťΥ                                  |               | Amended                                     |  | Secondary  Crash     |  |
|            | , a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |   |                                      |                                     |                                     |               |   |  |                      |  |
|            | Location <b>———</b>  |   |                                      |                                     |                                     |               |   |  |                      |  |
|            | ON STH60 WB  |   |                                      |                                     | Latitude Longitude                  |               |   |  | Φ.                   |  |
|            | 922 FT W   |   |                                      |                                     | 43.205149966                        |               |   |  | 897733               |  |
|            | OF CASSELL RD  |   |                                      |                                     |                                     |               |   | -03.077                                    | 091133               |  |
|            | IN THE TOWN OF TROY  |   |                                      |                                     | X Coordin                           | ate           |   | Y Coord                                    | inate                |  |
|            |  |   |                                      |                                     | 266202.9                            | 90625         | 478761                                      |  | 8.5                  |  |
|            | IN SAUK COUNTY   |   |                                      |                                     | Ctm coture *                        | T             |   |  |                      |  |
|            |  |   |                                      |                                     | Structure Type                      |               |   |  |                      |  |
|            | Crash Scene  |   |                                      |                                     |                                     |               |   |  |                      |  |
| ,          |  |   |                                      |                                     |                                     |               |   |  |                      |  |
|            | First Harmful Event  |   |                                      |                                     | FirstHarm                           | iful Event Lo | cation                                      |  |                      |  |
|            | NON DOMESTICATED ANIM  | IAL (ALIVE)                                 |                                      |                                     | ON ROA                              | DWAY          |   |  |                      |  |
| ŀ          | Manner of Collision  |   |                                      |                                     | Light Cond                          | dition        |   |  |                      |  |
|            | 00 - NO COLLISION W/VEHI   | CLE IN TRANSPORT                            |                                      |                                     | Liginioon                           | anio:         |   |  |                      |  |
| ŀ          |  |   |                                      |                                     | Roadway                             | Factor(s)     |   |  |                      |  |
|            | Road Surface Condition(s)  |   |                                      |                                     | Roadway Factor(s)                   |               |   |  |                      |  |
|            |  |   |                                      |                                     |                                     |               |   |  |                      |  |
|            | Environment Factor(s)  |   |                                      |                                     |                                     |               |   |  |                      |  |
|            |  |   |                                      |                                     |                                     |               |   |  |                      |  |
|            | Weather Condition(s)   |   |                                      |                                     |                                     | 1             |   |  |                      |  |
|            |  |   |                                      |                                     |                                     |               |   |  |                      |  |
|            | Animal Type  DEER  Crash Classification - Location   |   |                                      |                                     | Relation To Trafficway              |               |   |  |                      |  |
|            |  |   |                                      |                                     | TRAFFICWAY - ON ROAD                |               |   |  |                      |  |
|            |  |   |                                      |                                     | Crash Classification - Jurisdiction |               |   |  |                      |  |
|            | PUBLIC PROPERTY  |   |                                      |                                     | NO SPECIAL JURIS Access Control     |               | SDICTION                                    |  |                      |  |
|            | Tribal Land  |   |                                      |                                     |                                     |               |   |  | Special Study        |  |
| ļ          | Unit Summary   |   |                                      |                                     |                                     |               |   |  |                      |  |
| ì          | Unit Status  |   | L Vahiela Oper                       | ating Ac C                          | laccification                       |               | I i mit Tumo                                |  |                      |  |
|            |  |   | 1                                    | /ehicle Operating As Classification |                                     |               | Unit Type                                   |  |                      |  |
|            | IN TRANSIT   |   |                                      | D CLASS                             |                                     |               |   | AUTOMOBILE                                 |                      |  |
| _ [        | Vehicle Type   |   |                                      |                                     | Operating As Endorsements           |               |   | ments                                      |                      |  |
| 01         | (SPORT) UTILITY VEHICLE  |   |                                      |                                     |                                     |               |   |  |                      |  |
| ŀ          | Total Occs Train/Bus#Recorded To   |   |                                      | Total#Citations Issued              |                                     | Total Traile  | ailers Total Hazñ                           |  | Mat Tynes            |  |
|            | 2  | named of recorded                           | 0                                    |                                     | 0                                   |               | 0   |  | mat Types            |  |
| ŀ          | Insurance?   |   |                                      |                                     |                                     |               |   |  | es                   |  |
| <b>⊢</b>   | YES  | WESTBOUND                                   | FIE CIASITIII                        |                                     |                                     | ,             |   | ,    |                      |  |
| LINO       | Most Harmful Event: Collision Wit  |   | Special Function NO SPECIAL FUNCTION |                                     | TION                                | 'ION          |   | Emergency Motor Vehicle Use NOT APPLICABLE |                      |  |
|            | Traffic Way  | Traffic Control                             |                                      |                                     |                                     |               | Traffic Control Inoperative/Missing         |  |                      |  |
|            | ·  | Traine Consor                               |                                      |                                     |                                     |               |   |  |                      |  |
|            | Surface Type   | Road Curvature                              |                                      |                                     | Road Grade                          |               |   |  |                      |  |

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|         | Truc     | ck Bus or HazMat   |                       |  |                           |                     |  |  |                                |  |
|---------|----------|--|-----------------------|--|---------------------------|---------------------|--|--|--------------------------------|--|
|         |          | Vehicle  |                       |  |                           |                     |  |  |                                |  |
|         |          | License Plate Number   |                       | Plate Type   | St                        | Country of issuance |  |  |                                |  |
| UNIT 01 |          | 955WDB   |                       | AUT - AUTOMOBILE   | Wi                        | UNITED STATES       |  |  |                                |  |
|         | 5        | Vehicle Identification Number 5FNYF4H93EB045941  | er                    | Make<br>HONDA  | Year<br>2014              | Model PILOT TOUR    |  |  |                                |  |
|         | VEHICLE  | Color<br>WHI - WHITE   |                       | Body Style LL - CARRYALL   | I                         | Bus Use             |  |  |                                |  |
|         |          | Initial Contact Point  |                       | Vehicle Damage   |                           |                     |  |  |                                |  |
|         |          | 12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE  |                       | 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT 6 12 CORNER, 12 - FRONT 5 4 3 2 1 |                           |                     |  |  |                                |  |
|         |          |  |                       |  |                           |                     |  |  | Towed Due To Damage  NOT TOWED |  |
|         |          |  | What Driver Was Doing |  | OPERATOR  Vehicle Factors |                     |  |  |                                |  |
|         |          |  |                       |  |                           | Yemora details      |  |  |                                |  |
|         |          | Driver Prior Action Other  |                       |  |                           |                     |  |  |                                |  |
|         |          | Driver Actions Control of the Contro |                       |  |                           |                     |  |  |                                |  |
| ᆫ       | VEHICLE  | NO CONTRIBUTING ACTION   |                       |  |                           |                     |  |  |                                |  |
|         | <b>¥</b> |  |                       |  |                           |                     |  |  |                                |  |
| >       | Щ        |  |                       |  |                           |                     |  |  |                                |  |
|         |          |  |                       |  |                           |                     |  |  |                                |  |
|         |          | Owner Name   |                       | Owner Address  |                           |                     |  |  |                                |  |
| 2       | 5        |  |                       |  |                           |                     |  |  |                                |  |
|         |          |  |                       |  |                           |                     |  |  |                                |  |
| ╻       |          | Policy Holder  |                       |  |                           |                     |  |  |                                |  |
| l<br>S  |          | Insurance Company  |                       | Individual   | 102-2001-p-1200-1200-     |                     |  |  |                                |  |
| _       |          | AMERICAN-FAMILY-INS  |                       | CINDY KERSTEN  |                           |                     |  |  |                                |  |
|         |          | Individual Driver  |                       | Citations ssued  |                           |                     |  |  |                                |  |
|         |          | CINDY R KERSTEN<br>(608) 445-0358  |                       |  |                           |                     |  |  |                                |  |
|         |          |  |                       | Date of Birth  | Race                      |                     |  |  |                                |  |
|         | DIVIDUA  |  |                       |  | WHITE                     |                     |  |  |                                |  |
| Ş       | ã        | Address<br>7321 HELENA RD<br>ARENA, WI 53503 , US  |                       | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES              |                           |                     |  |  |                                |  |
|         | Z        |  |                       |  |                           |                     |  |  |                                |  |
|         |          |  |                       |  |                           |                     |  |  |                                |  |
|         | Sai      | On Duty Crash  fety Equipment  |                       | Safety Equipment   |                           |                     |  |  |                                |  |
|         |          | Row  | Seat Position         | SHOULDER & LAP B   | SHOULDER & LAP BELT       |                     |  |  |                                |  |
|         |          | 11007  | Geat Position         |  |                           |                     |  |  |                                |  |
|         |          | HeimetUse  |                       | Helmet Compliance  |                           |                     |  |  |                                |  |
|         |          | Eye Protection   |                       | TintCompliance   |                           |                     |  |  |                                |  |
|         |          |  |                       |  |                           |                     |  |  |                                |  |
| 10      | 8        | injury Severity Injury NO APPARENT INJURY  |                       | Airbag   |                           |                     |  |  |                                |  |
|         |          | Ejected Ejection Path  |                       |  |                           | Trapped/Extricated  |  |  |                                |  |
|         |          | Medical Transport  |                       | EMS Agency Identifier  |                           | EMS Run#            |  |  |                                |  |
|         |          | NOT TRANSPORTED  |                       | - '  |                           |                     |  |  |                                |  |
|         |          | Hospital   |                       |  |                           |                     |  |  |                                |  |

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|          |            | Distracted By                  | Source            |                    |                   |                      |                |  |  |
|----------|------------|--------------------------------|-------------------|--------------------|-------------------|----------------------|----------------|--|--|
|          |            | Distracted By                  |                   |                    |                   |                      |                |  |  |
|          |            | Distracted By Action           |                   |                    |                   |                      |                |  |  |
|          |            |                                | 1                 |                    |                   |                      |                |  |  |
|          |            | Non Motorist Striking Unit #   | Location          |                    |                   |                      |                |  |  |
|          |            | Prior Action                   |                   |                    |                   |                      |                |  |  |
|          |            | Action                         |                   |                    |                   |                      |                |  |  |
|          | 4          |                                |                   |                    |                   |                      |                |  |  |
| <u>_</u> | INDIWIBUAL |                                |                   |                    |                   |                      |                |  |  |
| UNIT     | Ŋ          |                                |                   |                    |                   |                      |                |  |  |
| _        | 9          |                                |                   |                    |                   |                      |                |  |  |
|          |            |                                |                   |                    |                   |                      |                |  |  |
|          |            |                                |                   |                    |                   |                      |                |  |  |
|          |            | Action Other                   |                   |                    |                   |                      | To/From School |  |  |
|          |            | L Suspected Al                 | cohol Use         | Suspected Drug Use | pected Drug Use   |                      |                |  |  |
|          | L          | Drug & Alcohol NO              | NO                |                    |                   |                      |                |  |  |
|          |            | Alcohol Test Given             | Alcohol Test Type | +                  |                   | Alcohol Test Results |                |  |  |
|          |            | TEST NOT GIVEN                 |                   |                    |                   |                      |                |  |  |
|          |            | Drug Test Given TEST NOT GIVEN | Drug Test Type    |                    | Drug Test Results |                      |                |  |  |
| 01       | 001        | Drug Type                      | <b>'</b>          |                    | •                 |                      |                |  |  |
|          | 0          |                                |                   |                    |                   |                      |                |  |  |
|          |            | Individual Condition           |                   |                    |                   |                      |                |  |  |
|          |            | APPEARED NORMAL                |                   |                    |                   |                      |                |  |  |
|          |            |                                |                   |                    |                   |                      |                |  |  |