

6TL092T5SK  
23-00518

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL092T5SK

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-00518</b>		Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>01/15/2023</b>		Crash Time <b>05:53 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>01/15/2023</b>		Time Notified <b>05:54 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

<b>ON CTHA SB 0.39 MI S OF SHADY LANE RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY</b>		Latitude <b>43.541133966</b>	Longitude <b>-89.738597881</b>
		X Coordinate <b>278745.84375</b>	Y Coordinate <b>4824553.5</b>
		Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition	
Road Surface Condition(s)		Roadway Factor(s)	
Environment Factor(s)			
Weather Condition(s)			
Animal Type <b>DEER</b>		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control	Special Study

Unit Summary

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

NO

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
1 of 3

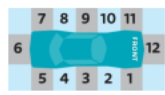
Crash Date **01/15/2023**  
Crash Time **05:53 PM**

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		Truck Bus or HazMat	
01	UNIT	<b>Vehicle</b>	
		License Plate Number <b>NW5214</b>	Plate Type <b>LTK - LIGHT TRUCK</b>
		Vehicle Identification Number <b>1C6RR7LT1GS412722</b>	Make <b>RAM</b>
		Color <b>GRY - GRAY</b>	Year <b>2016</b>
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Model <b>1500</b>
		Extent Of Damage <b>MINOR DAMAGE</b>	Body Style <b>PK - PICKUP</b>
		Towed Due To Damage <b>NOT TOWED</b>	Bus Use
		What Driver Was Doing	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>
		Driver Prior Action Other	Vehicle Removed By <b>OWNER</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Factors
Owner Name	Owner Address		
01	UNIT	<b>Policy Holder</b>	
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>KARI KRUEGER</b>
		<b>Individual</b>	
01	UNIT	Driver <b>KARI KRUEGER</b> <b>(608) 432-3911</b>	Citations Issued <b>0</b>
		Address <b>S1903 COUNTY ROAD A # 60</b> <b>BARABOO, WI 53913 , US</b>	Sex <b>FEMALE</b>
		On Duty Crash	Date of Birth
		Safety Equipment	Race <b>WHITE</b>
		Row	Seat Position
		Helmet Use	Driver License Number
		Eye Protection	Tint Compliance
		Injury <b>NO APPARENT INJURY</b>	Airbag
		Ejected	Ejection Path
		Medical Transport <b>NOT TRANSPORTED</b>	Trapped/Extricated
Hospital	EMS Agency Identifier		
	EMS Run #		
	Date of Death		
	Time of Death		



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UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source				
		Distracted By Action						
		<b>Non Motorist</b>	Striking Unit #	Location				
			Prior Action					
		Action						
		Action Other				To/From School		
		01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
				Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results	
				Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type		Drug Test Results	
				Drug Type				
Individual Condition <b>APPEARED NORMAL</b>								