6TL0CBQ6R8 23-00781

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash I	Primary Crash Document #		Agency Crash Number 23-00781			Investigating Officer/Deputy DEPUTY A. JAHNKE			
2	Crash Date 01/23/2023	Crash Time 05:50 PM			Date Arrived		Time	Time Arrived			
6 I LUCBU6K8	Date Notified 01/23/2023	Time Notified 05:55 PM			Total Units 01		Total 00	Injured Total Killed 00			
<u>ت</u>	On Emergency	Hit and Run	Lane Clos		☐ Work Zone			Γrailer or T	owed Reporting Threshold		
פור	Government Active School Zone			NO School	School Bus Related NO			Tags			
	Crash Type NON-DOMESTICATED A			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 STH33 WB				Latitude 43 59940	Latitude Longitude 43.599405639 -90.131248443					
	OF SEFKAR RD					X Coordinate			Y Coord		
	IN THE TOWN OF LA VALLE IN SAUK COUNTY					247265.6875			4832146		
						Structure Type NO STRUCTURE					
(Crash Scene										
ī	First Harmful Event					Firet Harm	ful Event Le	cation			
	NON DOMESTICATED ANIMAL (ALIVE)					First Harmful Event Location ON ROADWAY					
ŀ	Manner of Collision	ANIMAL (ALIVL)									
	00 - NO COLLISION W/VEHICLE IN TRANSPORT				Light Condition						
ŀ	Road Surface Condition(s)					Roadway F	Factor(s)				
-	Environment Factor(a)										
	Environment Factor(s)										
	Weather Condition(s)										
	· ·										
	nimal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction						
ļ	PUBLIC PROPERTY						NO SPECIAL JURISDICT Access Control			Long a stat Otto de	
	Tribal Land			Access Coi			ontroi	IUI		Special Study	
L	In:t Commons										
	Unit Summary		111	hiala O:-:	4:n = 1 - 0	le e e ifi t' -		Lu . =			
	Unit Status Vehicle Ope IN TRANSIT D CLASS			•	ating As C	lassification Unit Type AUTOMOBILE					
Vehicle Type			טן	CLASS				Operating As Endorsements			
0	(SPORT) UTILITY VEHICLE				Spordaing / to Endorsollionio						
-	` '			Total # Citations Issued		Total Trailers		Total Haz	:Mat Types		
	1	Trail", Dus # 100001	0	nai # OilallU	nio iooueu	0		0		1,500	
ľ	Insurance?	Direction Of Trave	el	_ Pre C	rashTire	Speed Lim		mit Total Lane		es	
=	YES	NORTHBOUND		☐ Mark							
				Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE			
Traffic Way				Traffic Control					Traffic Control Inoperative/Missing		
	,										
Surface Type R				Road Curvature				Road Grade			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 01/23/2023
Crash Time 05:50 PM

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	Truc	ruck Bus or HazMat								
	Vehicle									
		License Plate Number AJA7516	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
۶	VEHICLE 01	Vehicle Identification Number 2GNAXSEV6J6258636	Make CHEVROLET	Year 2018	Model EQUINOX					
		Color ONG - ORANGE	UT - SPORT UTILITY	Bus Use UT - SPORT UTILITY VEHICLE Bus Use						
TIND		Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage 10 - LEFT SIDE FROM	Vehicle Damage 7 8 9 10 11 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER 6 7 8 9 10 11 5 4 3 2 1						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SHIELDS TOWING	-						
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
_		Owner Name	Owner Address	Owner Address						
2	2									
<u></u> ⊨	Policy Holder									
LIND	Insurance Company WISCONSIN-MUTUAL-INS-CO		Individual STEPHANIE HAMBURG							
	INDIVIDUAL	Individual Driver Citations Issued Sex								
		STEPHANIE HAMBURG (608) 415-2872	Citations Issued 0	Sex FEMALE						
Ŀ			Date of Birth	Race WHITE						
TINO		Address E2358 BLACK FOREST DR LA VALLE, WI 53941 , US	Driver License Number	Driver License number						
	Sat	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
		Eye Protection	Tint Compliance	·						
2	00	Injury Seventy NO APPARENT INJURY	Airbag	Airbag						
		Ejected Ejection Path	•	Trapped/Extricated						
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #					
		Hospital	Date of Death		Time of Death					

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Distracted By Source								
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
l.	UAL							
LND	INDIVIDUAL							
	N D							
		Action Other						To/From School
								10/F10III 3CH00I
	Drug & Alcohol NO				Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Result			
2	001	Drug Type						
		Individual Condition						
		APPEARED NORM	IAL					