6TL0BNZM51 23-00845

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/26/2023

Crash Time 04:25 AM

	Document Number Override Primary Crash Doc		t# Agency Crash Nun 23-00845				stigating Officer/Deputy			
151	Crash Date Crash Time 01/26/2023 04:25 AM		Date A	Date Arrived		Time	Time Arrived			
6TLOBNZM5	Date Notified 01/26/2023	Time Notified 04:27 AM	Total U 01	Total Units 01		Total	1 1		Fotal Killed 00	
.0B	On Emergency H	it and Run Lane	Closure	Closure Work Zone		-	Trailer or Towed		Reporting Threshold	
6TL	Government Property	School NO	I I		Tags	ags				
	▼ Reportable	Crash Type NON-DOMESTICATED	ANIMAL W/ N	IO INJUR	Υ		Amended		Secondary Crash	
	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location 									
i					Latitude			T	1	
]		ON STH23 EB					Longitude			
	0.30 MI E					43.547448531 X Coordinate		-89.880	80982696 ordinate	
	OF SIMPSON RD							Y Coord		
	IN THE TOWN OF EXCELSION	DR			267266.2		48256			
	IN SAUK COUNTY							402004	•	
				Structure Type NO STRUCTURE						
	Crash Scene				•					
,										
	First Harmful Event				FirstHarm	ıful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA	DWAY				
ŀ	Manner of Collision				1 internation					
		CLE IN TRANSPORT		Light Condition						
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway Factor(s)					
	Environment Factor(s)									
ŀ	\\\\- = 4b = 0 \(C = 0 \\ diki = 0 \(C \)			-						
	Weather Condition(s)									
	Animal Type			Relation To Trafficway TRAFFICWAY - ON ROAD						
	DEER									
ŀ	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY									
					NO SPECIAL JURIS					
	Tribal Land			Access Control				Special Study		
	Unit Summary									
	Unit Status		I Vahiala Ona	A - C	l		Lee se			
			1	Vehicle Operating As Classification			UnitType			
				D CLASS				AUTOMOBILE		
_	Vehicle Type					Operating As Endorsements				
9	(SPORT) UTILITY VEHICLE									
-	Total Occs Train/Bus#Recorded Total# Citations Is				ed TotalTrai		lers Total HazMat Types		MatTypos	
	1 0		1	ons Issued	.				wat i ypes	
			0	0		0		0		
			CrashTire Speed L		Speed Lim	_imit Total Lane		es		
<u>. </u>	YES	EASTBOUND	Mark							
L N	Most Harmful Event: Collision With Special Function						Emergency Motor Vehicle Use			
ゴー			NO SPECIAL FUNCT		TION		NOT APPLICABLE			
	NON DOMESTICATED ANIM	AL (ALIVE)			11011					
	Traffic Way	Traffic Contr	ol			Traffic Control Inoperative/Missing				
	Surface Type	Road Cunrat	Poad Curvature				Road Grade			
	25200 . , , p. 0		, voad Odivat	Road Curvature				stoad Glade		
		1								

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	Truc	Fruck Bus or HazMat							
		License Plate Number 13529HD		Plate Type HAR - HARLEY DAVID	SO WI	Country of Issuance UNITED STATES			
5	VEHICLE 01	Vehicle Identification Number 1C4RJFDJXHC947020		Make JEEP	Year 2017	Model GRAND CHER			
		Color BLK - BLACK		Body Style UT - SPORT UTILITY \	Body Style Bus Use UT - SPORT UTILITY VEHICLE				
UNIT		Initial Contact Point 12 - FRONT Extent Of Damage		Vehicle Damage 7 8 9 10 11 - 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 5 4 3 2 1					
		DISABLING DAMAGE Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLE What Driver Was Doing	ING DAMAGE	PLATTS WRECKER Vehicle Factors	PLATTS WRECKER Vehicle Factors				
		Driver Prior Action Other							
_	Щ	Driver Actions NO CONTRIBUTING ACTION							
N N	VEHICL								
۶	5	Owner Name		Owner Address					
<u></u>		Policy Holder							
N		Insurance Company PROGRESSIVE-CLASSIC	-INS-CO	Individual AMANDA VANDER S	SANDE				
		Driver AMANDA H VANDER SANDE		I Challeng Instant					
				Citations Issued 0	Sex FEMALE				
_	DIMIDUA	(608) 408-6960		Date of Birth	Race WHITE	<u> </u>			
TNO	MONI			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Çai			Safety Equipment					
	1001	Row Seat Position		SHOULDER & LAP BELT					
		HelmetUse		Helmet Compliance	HelmetCompliance				
		Eye Protection		TintCompliance					
5		Injury Severity Injury NO APPARENT INJURY		Airbag					
		Ejection Path		Trapped/Extricated					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#			
		Hospital		Date of Death		Time of Death			

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a production for the state of t		Distracted By Source	e e				
200000000000000000000000000000000000000		Distracted By Action					
		Non Motorist Striking Unit#	Location				
37000000000000000000000000000000000000		Prior Action					
		Action					
L	INDIVIBUAL						
UNIT							
	Ħ						
0							
		Action Other					To/From School
	1	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 Results	I	
2	004	Drug Type					
		Individual Condition					
		APPEARED NORMAL					
l I		1					