# 6TL0B3P3JZ 23-01805

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/20/2023

Crash Time 02:15 PM

	Document Number Override Primary Crash Document#		Agency Crash Number 23-1805			Investigating Officer/Deputy DEPUTY J. GREENWOOD				
77	Crash Date Crash Time 02/20/2023 02:15 PM		Date Arrived			Time	Time Arrived			
3P3,	Date Notified         Time Notified           02/20/2023         02:18 PM		Total Units 01		Total		njured Total Killed 00			
8	On Emergency	it and Run Lane (	Closure	ure Work Zone		-	☐ Trailer or Towed		Reporting  Threshold	
eTL	Government Property	Active School Zone Crash Type	NO NO	Bus Relat	ed 	Tags				
	Reportable	ANIMAL W/ NO INJURY			Amended		Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ī	Location									
į	ON CTHU WB				Latitude			Longitud	Δ	
	0.58 MI E				43.54013	เกวลว		-89.652927857		
	OF VAN HOOSEN RD									
	IN THE TOWN OF FAIRFIEL	n			X Coordin	ate		Y Coordi		
	IN SAUK COUNTY	Ь			285663.9	0625		482421	7.5	
	IN SAUK COUNT	1				Type				
					Structure NO STR					
(	Crash Scene									
1	First Harmful Event First Harmful Event Location									
	ION DOMESTICATED ANIMAL (ALIVE)						Cauois			
					ON ROADWAY					
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
ŀ	Road Surface Condition(s)				Roadway	Factor(s)				
	The second of th									
ŀ	Environment Factor(s)				ł					
	Liviloinileixi dotoi(a)									
ŀ	Weather Condition(s)				1					
	Weather Condition(s)	eather Condition(s)								
-	Animal Type				D-1-6 T	- T (C				
	• • • • • • • • • • • • • • • • • • • •	••			Relation To Trafficway					
	DEER Crash Classification - Location PUBLIC PROPERTY				TRAFFICWAY - ON ROAD					
				Crash Classification - Jurisdiction						
					NO SPECIAL JURISDICTION					
Ì	Fribal Land			Access Contr		ontrol	l		Special Study	
L	Init Summon.				I					
	Unit Summary									
	Unit Status		· ·	Vehicle Operating As Classification			UnitType			
	IN TRANSIT	D CLASS				AUTOMOBILE				
	Vehicle Type						Operating As Endorsements			
01	(SPORT) UTILITY VEHICLE						'			
						Total Trailers Total HazMat Types			fat Types	
	1		Total # Citations Issued  0		0		0		viat i ypes	
	Insurance? Direction Of Travel			Pre CrashTire		Speed Lim		TotalLane	es .	
	YES WESTBOUND			Mark						
LIND	Most Harmful Event: Collision Wit	Special Function				Emergency Motor Vehicle Use				
ب	NON DOMESTICATED ANIM	NO SPECIAL FUNCT		TION		NOT APPLICABLE				
<b> </b>	Traffic Way	Traffic Contro	ıl			Traffic Control Inoperative/Missing				
	y	Franc Control				Traine Common mobalans avisioning				
	Surface Type		D - 10 - 1				Road Grade			
	- danade rype		Road Curvature				1 YOUR GIBRE			

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	Truc	Truck Bus or HazMat						
		Vehicle						
	VEHICLE 01	License Plate Number 282KKS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
2		Vehicle Identification Number 2GNFLHE36F6384263	Make CHEVROLET	Year 2015	Model EQUINOX			
		Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY	VEHICLE	Bus Use			
TIND		Initial Contact Point  09 - LEFT SIDE MIDDLE  Extent Of Damage  MINOR DAMAGE	Vehicle Damage 7 8 6 10 11 9 9 9 9 10 11 9 9 9 10 11 9 9 10 11 9 9 10 11 9 10					
		Towed Due To Damage NOT TOWED	Vehicle Removed By  OWNER					
		What Driver Was Doing	Vehicle Factors					
		Driver Prior Action Other	-					
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	•					
_	3	Owner Value	Owner Address					
٤	5							
		Policy Holder						
N N		Insurance Company PARTNERS-MUTUAL-INS-CO	Individual ROBERT WIENEKE					
		Driver ROBERT F WŁENEKE	Citations issued  0	Sex MALE				
_	5322411		Date of Birth	Race WHITE				
N N	INDIVIDUAL	Address 302 CLOVER LN LOMIRA, WI 53048 , US	STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty Crash	Safety Equipment					
	Sai	Row Seat Position	SHOULDER & LAP BELT					
		HeimetUse	Heimet Compliance					
	100	Eye Protection	Tint Compliance					
5		Injury Severity Injury NO APPARENT INJURY	Airbag					
		Ejection Path	l		Trapped/Extricated			
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#			
	Hospital		Date of Death		Time of Death			

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To/From School
g Use
• • • •
Alcohol Test Results
Drug Test Results