### 6TL0CBQ6RF

23-02092

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|           | Document Number Override Primary Cras   |     |                                      | Document # Agency Crash Nu<br>23-02092 |                               |  |                              | stigating Officer/Deputy PUTY A. JAHNKE |                                     |                             |                        |
|-----------|---|-----|--------------------------------------|--|-------------------------------|--|------------------------------|---|-------------------------------------|-----------------------------|------------------------|
| R<br>F    | Crash Date<br>03/01/2023  |     | Crash Time<br>06:14 PM               |  | Date Arrived                  |  | Time                         | Time Arrived                            |                                     |                             |                        |
| 6TL0CBQ6R | Date Notified 03/01/2023  |     | Time Notified<br>06:16 PM            |  | Total Units<br><b>01</b>      |  |                              | Tota<br><b>00</b>                       | Total InjuredTotal Kille0000        |                             | 1                      |
|           | On Emergency  | Hit | and Run                              | Lane Clos                              |                               |  | rk Zone                      |   | Trailer or T                        | owed                        | Reporting<br>Threshold |
| 61L       | Government<br>Property  |     | Active School Zone School Bus Relate |  |                               | ed   | Tags                         |   |                                     |                             |                        |
|           | Crash Type NON-DOMESTICATE  |     |                                      |  | D ANIMAL W/ NO INJURY         |  |                              |   |                                     |                             | Secondary<br>Crash     |
|           | ✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |     |                                      |  |                               |  |                              |   |                                     |                             |                        |
|           | Location  |     |                                      |  |                               |  |                              |   |                                     |                             |                        |
|           | 0N CTHH EB<br>0.32 MI E   |     |                                      |  |                               | Latitude Longitude<br>43.618451744 -89.857304595 |                              |   |                                     |                             |                        |
|           | OF CHRISTMAS MOUNTAIN RD<br>IN THE TOWN OF DELLONA<br>IN SAUK COUNTY                            |     |                                      |  |                               | X Coordinate<br>269450.46875                     |                              |   | Y Coordinate 4833464                |                             |                        |
|           |   |     |                                      |  |                               | Structure Type NO STRUCTURE                      |                              |   |                                     |                             |                        |
|           | Crash Scene   |     |                                      |  |                               |  |                              |   |                                     |                             |                        |
|           | First Harmful Event   |     |                                      |  |                               |  | En et la ma                  | 6 d <b>F</b>                            |                                     |                             |                        |
|           |   |     |                                      |  |                               |  | First Harmful Event Location |   |                                     |                             |                        |
|           | NON DOMESTICATED  |     | AL (ALIVE)                           |  |                               |  | ON ROADWAY                   |   |                                     |                             |                        |
|           | Manner of Collision   |     |                                      |  |                               |  | Light Condition              |   |                                     |                             |                        |
|           | 00 - NO COLLISION W   |     | CLE IN TRANS                         | PORT                                   |                               |  |                              |   |                                     |                             |                        |
|           | Road Surface Condition(s)   |     |                                      |  |                               | Roadway Factor(s)                                |                              |   |                                     |                             |                        |
|           | Environment Factor(s)   |     |                                      |  |                               | -  |                              |   |                                     |                             |                        |
|           | Weather Condition(s)  |     |                                      |  |                               |  |                              |   |                                     |                             |                        |
|           |   |     |                                      |  |                               |  |                              |   |                                     |                             |                        |
|           | Animal Type   |     |                                      |  |                               | Relation To Trafficway                           |                              |   |                                     |                             |                        |
|           | DEER  |     |                                      |  |                               | TRAFFICWAY - ON ROAD                             |                              |   |                                     |                             |                        |
|           | Crash Classification - Location   |     |                                      |  |                               | Crash Classification - Jurisdiction              |                              |   |                                     |                             |                        |
|           | PUBLIC PROPERTY   |     |                                      |  |                               |  | NO SPECIAL JURISDICTION      |   |                                     |                             |                        |
|           | Tribal Land   |     |                                      |  |                               | Access Control Special Study                     |                              |   |                                     |                             |                        |
|           | Unit Summary  |     |                                      |  |                               |  |                              |   |                                     |                             |                        |
|           | Unit Status Vehicle Operating As C  |     |                                      |  |                               |  | lassification                |   | Unit Type                           |                             |                        |
|           | IN TRANSIT D CLASS  |     |                                      |  |                               | AUTOMOBILE                                       |                              |   |                                     |                             |                        |
|           | Vehicle Type  |     |                                      |  |                               |  |                              |   | As Endorser                         | nents                       |                        |
| 5         | (SPORT) UTILITY VEHICLE   |     |                                      |  |                               |  |                              |   |                                     |                             |                        |
|           | Total Occs<br>2   |     | Train/Bus # Record                   | ded Tota<br>0                          | Total # Citations Issued<br>0 |  |                              | Total Trail                             | ers                                 | l otal Haz                  | Mat Types              |
|           | Insurance?  | 1   | Direction Of Trave                   |  | Pre CrashTire                 |  | •                            | Speed Lim                               | nit                                 | Total Lanes                 |                        |
| _         | YES   | E   | EASTBOUND                            |  | Mark                          |  |                              |   |                                     |                             |                        |
|           | Most Harmful Event: Collision With  |     |                                      |  | Special Function              |  |                              | I                                       |                                     | Emergency Motor Vehicle Use |                        |
| D         | NON DOMESTICATED ANIMAL (ALIVE)   |     |                                      | NC                                     | NO SPECIAL FUNCT              |  |                              | TION                                    |                                     | NOT APPLICABLE              |                        |
|           | Traffic Way   |     |                                      |  | Traffic Control               |  |                              |   | Traffic Control Inoperative/Missing |                             |                        |
|           | Surface Type  |     |                                      |  | Road Curvature                |  |                              |   | Road Grade                          |                             |                        |
|           |   |     |                                      |  |                               |  |                              |   |                                     |                             |                        |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.  $1 \quad \text{of} \quad 3$ 

Crash Date 03/01/2023 Crash Time 06:14 PM

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|      | Truc       | ick Bus or HazMat   |               |  |   |                                      |              |  |  |  |  |
|------|------------|---|---------------|--|---|--------------------------------------|--------------|--|--|--|--|
|      |            | Vehicle   |               |  |   |                                      |              |  |  |  |  |
|      | VEHICLE 01 | License Plate Number<br>APW7006                                     |               | Plate Type<br>AUT - AUTOMOBILE   | St<br>WI                                      | Country of Issuance<br>UNITED STATES |              |  |  |  |  |
| 2    |            | Vehicle Identification Number<br>1GNEVFKWXJJ212550                  |               | Make<br>CHEVROLET  | Year<br>2018                                  | Model<br>TRAVERSE                    |              |  |  |  |  |
|      |            | Color<br>BLK - BLACK  |               | Body Style<br>UT - SPORT UTILITY   | Body Style Bus Use UT - SPORT UTILITY VEHICLE |                                      |              |  |  |  |  |
| UNIT |            | Initial Contact Point 12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE |               | Vehicle Damage<br>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE<br>FRONT, 10 - LEFT SIDE FRONT, 12 - FRONT<br>5 4 3 2 1 |   |                                      |              |  |  |  |  |
|      |            | Towed Due To Damage<br>NOT TOWED                                    |               | Vehicle Removed By OWNER   |   |                                      |              |  |  |  |  |
|      |            | What Driver Was Doing   |               | Vehicle Factors  |   |                                      |              |  |  |  |  |
| UNIT | VEHICLE    | Driver Prior Action Other   |               |  |   |                                      |              |  |  |  |  |
|      |            | Driver Actions NO CONTRIBUTING ACTION                               |               |  |   |                                      |              |  |  |  |  |
| 01   | 01         | Owner Name  |               | Owner Address  |   |                                      |              |  |  |  |  |
| F    | I          | Policy Holder   |               |  |   |                                      |              |  |  |  |  |
| UNIT |            | Insurance Company<br>PROGRESSIVE-CASUALTY                           | -INS-CO       | Individual<br>SILAS GREENDEEF  | ર   |                                      |              |  |  |  |  |
|      | INDIVIDUAL | Individual           Driver         Citations Issued         Sex    |               |  |   |                                      |              |  |  |  |  |
|      |            | SILAS GREENDEER   | 1             | O  | MALE  |                                      |              |  |  |  |  |
| ⊢    |            | (608) 844-9618  |               | Date of Birth  | Race  |                                      |              |  |  |  |  |
| UNIT |            | Address<br>S1047 LITTLESOLDIER LN<br>WISCONSIN DELLS, WI 539        | 65 , US       | Driver License Number  |   |                                      |              |  |  |  |  |
|      | Sat        | On Duty Cr<br>fety Equipment  | ash           | Safety Equipment   |   |                                      |              |  |  |  |  |
|      | 001        | Row   | Seat Position | SHOULDER & LAP   | BELT  |                                      |              |  |  |  |  |
|      |            | Helmet Use  |               | Helmet Compliance  |   |                                      |              |  |  |  |  |
|      |            | Eye Protection  |               | Tint Compliance  |   |                                      |              |  |  |  |  |
| 6    |            |   | RENT INJURY   | Airbag   |   |                                      |              |  |  |  |  |
|      |            | Ejected Ejection Path   |               | Trapped/Extricated   |   |                                      |              |  |  |  |  |
|      |            | Medical Transport NOT TRANSPORTED                                   |               | EMS Agency Identifier  |   | EMS Run #                            |              |  |  |  |  |
|      |            | Hospital  |               | Date of Death  |   | Time of Death                        |              |  |  |  |  |
|      |            |   | This re       | nort does not include any C II   | IS data                                       | Crash Dat                            | e 03/01/2023 |  |  |  |  |

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data.  $\begin{array}{cc} 2 & \text{of} & 3 \end{array}$ 

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|      |                       | Distracted P                      | Distracted By Source | I                 |                    |                   |                      |                |  |  |
|------|-----------------------|-----------------------------------|----------------------|-------------------|--------------------|-------------------|----------------------|----------------|--|--|
|      |                       | Distracted By                     |                      |                   |                    |                   |                      |                |  |  |
|      |                       | Distracted By Action              |                      |                   |                    |                   |                      |                |  |  |
|      |                       | Non Motorist                      | Striking Unit #      | Location          |                    |                   |                      |                |  |  |
|      |                       | Prior Action                      |                      |                   |                    |                   |                      |                |  |  |
|      |                       | Action                            |                      |                   |                    |                   |                      |                |  |  |
|      | Ļ                     |                                   |                      |                   |                    |                   |                      |                |  |  |
| ⊢    | N                     |                                   |                      |                   |                    |                   |                      |                |  |  |
| UNIT | INDIVIDUAL            |                                   |                      |                   |                    |                   |                      |                |  |  |
| 2    | Ī                     |                                   |                      |                   |                    |                   |                      |                |  |  |
|      | =                     |                                   |                      |                   |                    |                   |                      |                |  |  |
|      |                       | Action Other                      |                      |                   |                    |                   |                      | To/From School |  |  |
|      |                       | Action Other                      |                      |                   |                    |                   |                      |                |  |  |
|      | Suspected Alcohol Use |                                   |                      |                   | Suspected Drug Use |                   | I                    |                |  |  |
|      |                       | Alcohol Test Given                |                      | Alcohol Test Type |                    |                   | Alcohol Test Results |                |  |  |
|      |                       | TEST NOT GIVEN                    |                      |                   |                    |                   |                      |                |  |  |
|      |                       | Drug Test Given<br>TEST NOT GIVEN |                      | Drug Test Type    |                    | Drug Test Results |                      |                |  |  |
| 6    | 001                   | Drug Type                         |                      |                   |                    |                   |                      |                |  |  |
|      | U                     |                                   |                      |                   |                    |                   |                      |                |  |  |
|      |                       | Individual Condition              |                      |                   |                    |                   |                      |                |  |  |
|      |                       | APPEARED NORM                     | IAL                  |                   |                    |                   |                      |                |  |  |
|      |                       |                                   |                      |                   |                    |                   |                      |                |  |  |