#### 6TL0CBQ6RK 23-02971

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #	, ,	Agency Crash Number 23-02971			Investigating Officer/Deputy  DEPUTY A. JAHNKE			
R X	Crash Date <b>03/26/2023</b>	Crash Time 07:22 PM	Date Arr	Date Arrived		Time	Time Arrived			
0CBQ6RK	Date Notified <b>03/26/2023</b>	Time Notified 07:24 PM	Total Ur <b>01</b>	Total Units <b>01</b>		Total			Total Killed <b>00</b>	
30E	On Emergency Hi	t and Run Lane	Closure	ure Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Property	School B				Tags				
	<b>✓</b> Reportable	Crash Type NON-DOMESTICATED A	TED 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.									
Ì	Location									
Ī	ON STH60 WB				Latitude			Longitud	le	
	533 FT E				43.198848739		-89.9120155			
	OF ROUND RIVER TRL				X Coordina	ate.		Y Coordi	inate	
	IN THE TOWN OF TROY				263406.6			478701		
	IN SAUK COUNTY							4/0/01	4.5	
					Structure T					
4	Crash Scene				1					
,					T=					
	First Harmful Event				First Harmful Event Location					
ļ	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROADWAY					
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway F	actor(s)				
ŀ	Environment Factor(s)									
	Environment racion(s)									
l	Weather Condition(s)									
	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTION					
	Tribal Land				Access Control Special Study					
Į										
	Unit Summary ——									
	I .			le Operating As Classification			Unit Type			
ļ				CLASS			AUTOMOBILE Operating As Endorsements			
01	Vehicle Type						Operating A	As Endorsen	nents	
١	PASSENGER CAR					<del></del>				
		Train/Bus # Recorded	Total # Citatio	ns Issued		Total Traile	ers		Mat Types	
	1	D: " O(T !	0			0		0		
		Direction Of Travel WESTBOUND		rashTire Iark	•	Speed Lim	IIT	Total Lane	es	
LIND	Most Harmful Event: Collision With	Special Funct	-			Emergency Motor Vehicle Use		cle Use		
$\supset$	NON DOMESTICATED ANIM	NO SPECIA			NOT APPLICABLE					
- }	Traffic Way	Traffic Control				Traffic Con	Fraffic Control Inoperative/Missing			
		Traine Control			Traine Contro					
}	Surface Type		Road Curvature				Road Grade			
	71									

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

	Truc	k Bus or HazMat							
	,	Vehicle							
10		License Plate Number ARA3599		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
	VEHICLE 01	Vehicle Identification Number 1FADP3K23EL320051		Make FORD	Year <b>2014</b>	Model FOCUS			
		Color WHI - WHITE Initial Contact Point		Body Style HB - HATCHBACK Bus Use					
UNIT		10 - LEFT SIDE FRONT  Extent Of Damage  DISABLING DAMAGE		Vehicle Damage  01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT  5 4 3 2 1					
		Towed Due To Damage TOWED DUE TO DISABLING	B DAMAGE	Vehicle Removed By EVERETTS TOWING					
		What Driver Was Doing  Driver Prior Action Other		Vehicle Factors					
		Driver Actions  Driver Actions							
UNIT	VEHICLE	NO CONTRIBUTING ACTION							
10	5	Owner Name		Owner Address					
E	l	Policy Holder							
LIND		Insurance Company INTEGRITY-INS-CO		Individual JACOB LAVOY					
	DIVIDUAL	Individual		10					
		Driver <b>ZOE LA VOY</b> (608) 403-6960		Citations Issued  0	Sex FEMALE				
⊨		(606) 403-6960		Date of Birth	Race WHITE				
LIND		Address E6172A SUNRISE RD LOGANVILLE, WI 53943 , US		Driver License Number					
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	fety Equipment	Safety Equipment						
		Row Seat Position		SHOULDER & LAP BELT					
	001	Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
2		Injury Severity NO APPARENT INJURY		Airbag					
		Ejected Ejection Path				Trapped/Extricated	Trapped/Extricated		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	EMS Run #		
		Hospital		Date of Death		Time of Death	Time of Death		

Crash Date 03/26/2023 Crash Time 07:22 PM

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Crash Date 03/26/2023

Crash Time 07:22 PM

Distracted By Source								
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNN	INDIVIDUAL							
	<u>N</u>							
		Action Other						To/From School
	ı	Drug & Alcohol	Suspected Alcohol U NO	ol Use Suspected Drug Us				,
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
10	004	Drug Type				•		
		Individual Condition						
		APPEARED NORM	MAL					