6TL0BJ1GNB 23-03106

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	-		Agency Crash Number 23-03106			Investigating Officer/Deputy DEPUTY J. MACASKILL			
NB	Crash Date 03/31/2023	Crash Time 12:40 PM			Date Arrived		Time	Time Arrived			
JIGN	Date Notified 03/31/2023	Time Notified 12:43 PM			Total Units 01		Total	,		Total Killed 00	
6 I LUBJ1	On Emergency Hi	t and Run	Lane Closu		Ш	/ork Zone		Trailer or To	owed	Reporting Threshold	
<u>6</u> L	Government Property	hool Zone	School Bus Related NO			Tags	Tags				
	Reportable Crash Type NON-DOMESTICATED ANIM				MAL W/ NO INJURY		///	Amended		Secondary Crash	
	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
- 1	Location										
	ON CTHBD NB 0.36 MI N					Latitude 43.537611717			Longitude -89.777863758		
	OF N REEDSBURG RD IN THE TOWN OF DELTON				X Coordinate 275560.3125			Y Coordi 482426			
	IN SAUK COUNTY					Structure Type					
(Crash Scene										
	First Harmful Event						ful Event Lo	cation			
	NON DOMESTICATED ANIM				ON ROADWAY						
	Manner of Collision	a. = ==a				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSI	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 NO SPECIAL JURISDICTION					
	PUBLIC PROPERTY Tribal Land			Access Control			JURISDICTION		Connected Children		
	TIIDAI LANU			Access Col		orid OI	UI		Special Study		
	Init Cummony										
	Unit Summary Unit Status Vehicle Operating As C							Unit Type			
	IN TRANSIT D CLASS					Olassincation		TRUCK			
	Vehicle Type							Operating A	s Endorsen	nents	
6	UTILITY TRUCK/PICKUP TRUCK										
	otal Occs Train/Bus # Recorded To			otal # Citations Issued		Total Traile	al Trailers Tot		otal HazMat Types		
	1		0				0		0		
_		Direction Of Travel NORTHBOUND		Pre CrashTire Spe		Speed Lim	ed Limit Total Lane		es		
z	Most Harmful Event: Collision With	Spe	Special Function			<u>I</u>	Emergency Motor Vehicle Use				
ا ر	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION				NOT APPLICABLE			
	Traffic Way			raffic Control				Traffic Control Inoperative/Missing			
	Surface Type Ro			ad Curvature				Road Grade			

NO

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 03/31/2023
Crash Time 12:40 PM

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	Truck Bus or HazMat									
	,	Vehicle								
	VEHICLE 01	License Plate Number ST4337		Plate Type LTK - LIGHT TRUCK			Country of Issuance UNITED STATES			
٤		Vehicle Identification Number 1GTHK23668F169232		Make GENERAL MOTORS CO	Year 2008	Model SIERRA				
		Color WHI - WHITE		PK - PICKUP	Body Style Bus Use PK - PICKUP					
TINO		Initial Contact Point 12 - FRONT Extent Of Damage		Vehicle Damage 7 8 9 10 11 O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT						
-		DISABLING DAMAGE Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLII What Driver Was Doing	NG DAMAGE	CRAIGS TOWING Vehicle Factors						
		Driver Prior Action Other		1						
	VEHICLE	Driver Actions								
L		NO CONTRIBUTING ACTION								
TIND										
		Owner Name	Owner Address	Owner Address						
2	5									
Ŀ	Policy Holder									
LIND	Insurance Company PROGRESSIVE-CASUALTY-INS-CO			Individual COLTON THORP						
	INDIVIDUAL	ndividual								
		Driver COLTON		0	Sex MALE					
Ŀ		(000) 432-4020			Race WHITE					
IND		Address 4144 8TH AVE WISCONSIN DELLS, WI 53965, US		Driver License Number						
		On Duty Crash		Safety Equipment						
	Sat	fety Equipment	SHOULDER & LAP BELT							
		Row	Seat Position							
		Helmet Use Eye Protection		Helmet Compliance Tint Compliance						
		Injury Seventy		Airbag						
2	90	Injury NO APE	PARENT INJURY Ejection Path	7 3 dg						
				Trapped/Extricated						
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital		Date of Death		Time of Death				

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $2 \quad \text{of} \quad 3$

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		Distracted By Distracted B	By Source				
		Distracted By Action					
		Non Motorist Striking Unit	t# Location				
		Prior Action					
		Action					
	JAL						
LIND	INDIVIDUAL						
	N N						
							T
		Action Other					To/From School
	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		
2	001	Drug Type			1		
		Individual Condition					
		APPEARED NORMAL					