6TL09XQZ5D 23-04874

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash I	Primary Crash Document #		Agency Crash Number 23-04874			Investigating Officer/Deputy DEPUTY I. GALVAN			
JC.	Crash Date 05/16/2023	Crash Time 03:18 PM			Date Arrived		Time	Time Arrived			
6 I LU9XQZ5L	Date Notified 05/16/2023	Time Notified 03:20 PM			Total Units 01		Total 00	al Injured Total Killed 00		i	
60-	On Emergency	Hit and Run	Lane Clos		Ш	rk Zone		Trailer or T	owed	Reporting Threshold	
9	Government Property	Crash Type	hool Zone	NO School	Bus Relate	ed	Tags				
	Reportable	STICATED ANII	ANIMAL W/ NO INJURY			Amended		Secondary Crash			
	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
Ī	ON CTHH WB					Latitude Longitude 43.616258601 -89.835479665					
	0.26 MI W OF BIRCHWOOD SPUR IN THE TOWN OF DELTON IN SAUK COUNTY						43.616258601 X Coordinate		-89.835 Y Coord		
						271203.2			4833160		
	IN GAGIN GOOM I					Structure Type NO STRUCTURE			1	,	
(Crash Scene										
7	First Harmful Event					First Harm	ful Event Le	action			
	NON DOMESTICATED A				First Harmful Event Location ON ROADWAY						
•	Manner of Collision	, ,				Light Condition					
	00 - NO COLLISION W/V	EHICLE IN TRANS	PORT								
	Road Surface Condition(s)				Roadway Factor(s)						
	Environment Factor(s)	vironment Factor(s)									
-	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
ļ	TURKEY				TRAFFICWAY - ON ROAD						
	Crash Classification - Location PUBLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
	Tribal Land						cess Control			Special Study	
ı	Unit Summary										
T	Unit Status		Ve	hicle Opera	ating As C	lassification		Unit Type			
IN TRANSIT Vehicle Type			D	D CLASS			AUTOMOBI		BILE	ILE	
				•				Operating As Endorsements			
0	PASSENGER CAR										
	Total Occs 1	Train/Bus # Reco	rded To	tal # Citatio	ns Issued	Total Traile		ilers Total Hazl 0		Mat Types	
	Insurance?	Direction Of Trave			rashTire	Speed Lim		nit Total Lanes		es	
	YES WESTBOUND Mark Most Harmful Event: Collision With Special Function				Emergency Motor Vehicle Use			icle Use			
5				NO SPECIAL FUNCTION				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.

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	Truck Bus or HazMat									
	,									
	VEHICLE 01	License Plate Number AGV2055	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
2		Vehicle Identification Number 2D4GP44L97R243721	Make DODGE	Year 2007	Model CARAVAN					
		Color GRN - GREEN	4D - 4DR							
TIND		Initial Contact Point 13 - TOP Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage	Vehicle Damage 13 - TOP						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
		Owner Name	Owner Address	Owner Address						
2	2									
TINO		Policy Holder	1							
5		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COM	P ANDREW ANDERS	ON						
	INDIVIDUAL	Individual	O'teliana laguad	10						
		Driver ANDREW ANDERSON (608) 393-2224	Citations Issued 0	Sex MALE Race						
LIND			Date of Birth	WHITE						
5		Address 1053 GALE DR WISCONSIN DELLS, WI 53965, US	Driver License Number	Sirisi Escriso (dilibo)						
	Sat	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
		Eye Protection	Tint Compliance							
2	00	Injury Seventy NO APPARENT INJURY	Airbag	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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Distracted By Source								
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
l.	UAL							
LND	INDIVIDUAL							
	N D							
		Action Other						To/From School
								10/F10III 3CH00I
	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 Result			
2	001	Drug Type						
		Individual Condition						
		APPEARED NORM	IAL					