6TL0BJ1GNK

23-04942

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	ocument # Agency Crash Number 23-04942			umber	Investigating Officer/Deputy DEPUTY J. MACASKILL					
N N	Crash Date 05/18/2023	Crash Time 05:45 PM			Date Arrived			Time Arrived			
J1G	Date Notified 05/18/2023	Time Notified 05:50 PM			Total Units 01		Tota 00		jured Total Killed 00		
TL0BJ1GNK	On Emergency	Hit and Run				ork Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Property		School Zone School Bus Relat			ted	Tags				
	Reportable Crash Type NON-DOMESTICATE) 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.										
1	Location										
	ON CTHV WB 584 FT W					Latitude 43.55939				Longitude 90.027924731	
	OF BASS RD IN THE TOWN OF WINFIELD				X Coordina 255443.6			Y Coordinate 4827392.5			
	IN SAUK COUNTY					Structure Type					
ļ	Crash Scene										
Ī	First Harmful Event						ful Event L	ocation			
	NON DOMESTICATED A	NIMAL (ALIVE)				ON ROA	DWAY				
	Manner of Collision	,				Light Cond	dition				
	00 - NO COLLISION W/VI	EHICLE 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				Special Study		
l											
	Unit Summary										
	Unit Status Vehicle Operating As C					Classification	21				
	IN TRANSIT D CLASS							AUTOMOBILE			
6	Vehicle Type PASSENGER CAR					Operating As Endorsements					
	Total Occs 1	Train/Bus # Reco		Total # Citations Issued Tot			Total Tra 0	Trailers Total Haz		Mat Types	
	Insurance? YES	Direction Of Trave		Pre CrashTire Spe			Speed Li			es	
UNIT	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNC					Emergency Motor Vehicle Use		
	NON DOMESTICATED ANIMAL (ALIVE) Traffic Way								Traffic Control Inoperative/Missing		
				Traffic Control							
	Surface Type	Roa	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 05/18/2023 Crash Time 05:45 PM

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

Vehicle Plate Type St Country of Issuance AJR5199 AUT - AUTOMOBILE Wi UNITED STATES Vehicle Identification Number Make Year Model IFADP3F20FL341080 FORD 2015 FOCUS Color Body Style Bus Use Bus Use VHI - WHITE SD - SEDAN Bus Use Initial Contact Point 12 - FRONT Bus Use Extent Of Damage 12 - FRONT Vehicle Removed By OVED OPERATOR OPERATOR What Driver Was Doing Vehicle Factors Ovener Address Driver Action Other Driver Action Other Owner Address Driver Actions NO CONTRIBUTING ACTION Owner Address Owner Name Owner Address Individual GEICO-CASUALTY-CO Individual	Truck Bus or HazMat								
AJR5199 AUT - AUTOMOBILE Wi UNITED STATES Vehicle Identification Number Make Year Model IFADP3F20FL341080 FORD 2015 FOCUS Color Body Style Bus Use WHI - WHITE SD - SEDAN Initial Contact Point 12 - FRONT Initial Contact Point 12 - FRONT Extent Of Damage Vehicle Removed By OPERATOR NOT TOWED OPERATOR OPERATOR What Driver Was Doing Vehicle Factors Driver Prior Action Other Driver Actions NO CONTRIBUTING ACTION Owner Address									
5 1FADP3F20FL341080 FORD 2015 FOCUS Color Body Style Bus Use WH1 - WHITE SD - SEDAN Bus Use Initial Contact Point Vehicle Damage Initial Contact Point 12 - FRONT Extent Of Damage 12 - FRONT Extent Of Damage Vehicle Removed By OPERATOR NOT TOWED OPERATOR OPERATOR What Driver Was Doing Vehicle Factors Driver Action Other Driver Actions NO CONTRIBUTING ACTION Owmer Address 60 60 Owmer Name Owmer Address	-								
LND LND LND LND LND LND LND Color Body Style Bus Use Bus Use WHI - WHITE SD - SEDAN Bus Use Initial Contact Point Vehicle Damage Initial Contact Point 12 - FRONT Extent Of Damage PUNCTIONAL DAMAGE FUNCTIONAL DAMAGE Towed Due To Damage Vehicle Removed By NOT TOWED OPERATOR What Driver Was Doing Vehicle Factors Driver Prior Action Other Driver Prior Action Other Driver Prior Action S NO CONTRIBUTING ACTION 0 Owner Name Owner Address 0 Owner Address Insurance Company	Model FOCUS								
Hi - WHITE SD - SEDAN Initial Contact Point Vehicle Damage 12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE Vehicle Removed By Towed Due To Damage Vehicle Removed By NOT TOWED OPERATOR What Driver Was Doing Vehicle Factors Driver Prior Action Other Driver Actions NO CONTRIBUTING ACTION Owner Address Policy Holder Individual									
Image: State of Damage 12 - FRONT Extent Of Damage 12 - FRONT FUNCTIONAL DAMAGE 12 - FRONT Towed Due To Damage Vehicle Removed By NOT TOWED OPERATOR What Driver Was Doing Vehicle Factors Driver Prior Action Other Driver Actions NO CONTRIBUTING ACTION Owner Address Image: Policy Holder Insurance Company	Bus Use								
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Towed Due To Damage Vehicle Removed By NOT TOWED OPERATOR What Driver Was Doing Vehicle Factors Driver Prior Action Other Driver Actions NO CONTRIBUTING ACTION Owner Address 0 0wner Name 0wner Name Owner Address Policy Holder Insurance Company	5 4 3 2 1								
What Driver Was Doing Vehicle Factors Driver Prior Action Other Driver Actions Driver Actions NO CONTRIBUTING ACTION Owner Name Owner Address Policy Holder Individual									
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Image: Section s Driver Actions NO CONTRIBUTING ACTION Image: Section s	Vehicle Factors								
Image: Second system NO CONTRIBUTING ACTION Image: Second system Owner Name Image: Second system Owner Address Image: Second system Individual									
Image: Second system Owner Name Owner Name Owner Address Image: Second system Owner Address									
δ δ Owner Name Owner Address Policy Holder Insurance Company Individual									
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δ δ Owner Name Owner Address Policy Holder Insurance Company Individual									
5 5 Policy Holder Insurance Company									
Policy Holder Insurance Company Individual	Owner Address								
Z Insurance Company Individual									
Z Insurance Company Individual									
S Insurance Company Individual GEICO-CASUALTY-CO MELISSA BROWN									
T GEICO-CASUALIT-CO IMELISSA BRUWN									
Individual	MELISSA BROWN								
Driver Citations Issued Sex									
MELISSA BROWN 0 FEMALE									
Date of Birth Pade									
Address Driver License Number	Driver License Number								
2 1400 VETERANS DR LOT 15 RICHLAND CENTER, WI 53581, US									
On Duty Crash Safety Equipment	Safety Equipment								
Safety Equipment									
Row Seat Position SHOULDER & LAP BELT	SHOULDER & LAP BELT								
Helmet Use Helmet Compliance	Helmet Compliance								
Eye Protection Tint Compliance	Tist Compliance								
	Tint Compliance								
5 Injury Seventy Airbag NO APPARENT INJURY Airbag	Airbag								
Ejected Ejection Path Trapped/Extricated	Trapped/Extricated								
Medical Transport EMS Agency Identifier EMS Run #	EMS Run #								
Hospital Date of Death Time of Death									
Wisconsin Motor Vehicle Crash This report does not include any CJIS data. Crash Date O Form DT4000 2 of 3 Crash Time O									

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		Distracted By Distracted By Source								
		Distracted By Action								
		Striking Unit # Location								
		Prior Action								
		Action								
	Ļ									
⊢	N									
UNIT	INDIVIDUAL									
	ND									
		Action Other						To/From School		
			Suspected Alcohol U	0						
	L	Drug & Alcohol No			Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN					Alcohol Test Results			
		Drug Test Given		Drug Test Type		Drug Test Results				
		TEŠT NOT GIVEN Drug Type	JIVEN							
6	001									
		Individual Condition								
		APPEARED NORMAL								

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