6TL0D5DZ0C 23-05402

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash	Primary Crash Document #		Agency Crash Number 23-05402			Investigating Officer/Deputy DEPUTY J. HUNTER			
2	Crash Date         Crash Time           05/28/2023         08:13 PM		Date Arrived			Time	Time Arrived				
6 I LUDSDZU	Date Notified <b>05/28/2023</b>	Time Notified 08:13 PM			Total Units <b>01</b>		Total 00	al Injured Total Killed 00			
ב בי	On Emergency	Hit and Run	Lane Clo		Ш	rk Zone		Γrailer or Τ	owed	Reporting Threshold	
<u>ا</u> و	Government Property	Active Sc	chool Zone	ne School Bus Related NO			Tags	Tags			
L	Reportable Crash Type NON-DOMESTICATED A			NIMAL W/ NO INJURY			Amended		Secondary Crash		
	, a sworn law enforce	not added	added any CJIS data in this report.								
- 1	Location										
Ì						1 - 19 - 1					
	ON STH23 EB 0.26 MI N OF MAPLE LN IN THE TOWN OF FRANKLIN IN SAUK COUNTY					Latitude <b>43.31185</b>	7892	Longitude -90.047264828			
						X Coordina 252875.2				Y Coordinate <b>4799957</b>	
						Structure T			•		
(	Crash Scene					I					
T	First Harmful Event					Eiret Harm	ful Event Le	cation			
		NURAAL (ALIVE)					nful Event Location				
L	NON DOMESTICATED A	NIMAL (ALIVE)				ON ROADWAY					
	Manner of Collision  00 - NO COLLISION W/VI	EHICLE IN TRANS	PORT			Light Condition					
-	Road Surface Condition(s)					Roadway Factor(s)					
-	Environment Factor(s)										
	, ,										
_	Weather Condition(s)										
-	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
ŀ						Crash Classification - Jurisdiction					
	Crash Classification - Location					NO SPECIAL JURISDICTION					
	PUBLIC PROPERTY  Tribal Land					Access Control		3DICTION		Special Study	
	Tribal Land				7100000 CONTROL					opecial olddy	
Ī	Unit Summary										
—ì	Unit Status		\/e	ehicle Oners	ating As C	lassification		Unit Type			
	IN TRANSIT D CLASS					AUTOMOBILE					
	Vehicle Type			OLAGO				Operating As Endorsements			
_	(SPORT) UTILITY VEHICLE					Operating 7/3 Endorsoments					
_							Total Trailers Total HazMat Types			N . T	
	Total Occs 1	Train/Bus # Reco	rded To	otal # Citatio	ns Issued	Total Traile  0		ilers Total Hazi		ıwat Types	
	Insurance?	Direction Of Trave	el	Pro ∩	rashTira	Speed Lim		mit Total Lane		es	
_	YES	EASTBOUND		Pre CrashTire Mark							
				Special Function NO SPECIAL FUNCTION			1	Emergency Motor Vehicle Use NOT APPLICABLE			
Traffic Way				Traffic Control					Fraffic Control Inoperative/Missing		
					Road Curvature			Road Grade			
Surface Type Road Cu				oad Curvatu							

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 05/28/2023
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	Truck Bus or HazMat								
	,	Vehicle							
	VEHICLE 01	License Plate Number ATT6543	F	Plate Type	St WI	Country of Issuance UNITED STATES			
٤		Vehicle Identification Number 1GNEVHKW1MJ143568	(	Make CHEVROLET	Year 2021	Model TRAVERSE			
		Color GRY - GRAY		Body Style Bus Use UT - SPORT UTILITY VEHICLE					
TINO		Initial Contact Point  12 - FRONT  Extent Of Damage  DISABLING DAMAGE		Vehicle Damage	7 8 9 10 11 6 2 2 12 5 4 3 2 1				
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By					
		What Driver Was Doing	\	Vehicle Factors					
		Driver Prior Action Other							
TIND	VEHICLE								
٦	10	Owner Name		Owner Address					
<b> </b>	Policy Holder								
HNU		Insurance Company STATE-AUTO-INSURANCE-CO-OF-W	VISCONSIN	Individual KEVIN THIER					
	INDIVIDUAL	ndividual							
		Driver KEVIN THIER (608) 354-8231		Citations Issued  0	Sex MALE				
L				Date of Birth	Race WHITE				
TINO		Address S12657A BIG HOLLOW RD SPRING GREEN, WI 53588 , US		Driver License Number					
	On Duty Crash Safety Equipment		Safety Equipment						
		Row Seat Pos	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
2	00	Injury Seventy NO APPARENT INJURY		Airbag					
		Ejected Ejection Path							
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
		Hospital		Date of Death		Time of Death			

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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						
							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					