6TL0CR2KSR

23-05702

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 23-05702 | | | | DEPUTY Z. DRILL | | | |
|-----------|---|----------------------|--------------|---|-----------------------|---|--|-----------------|----------------------------|--------------------|--|
| KSR | | | Date Arrived | | | Time | Time Arrived | | | | |
| | Date Notified Time Notified | | Total Units | | Total | | l Injured | Total Killed | | | |
| 22 | 06/03/2023 08:03 PM | | | 01 | | | 00 | , | 00 | | |
| 6TL0CR2KS | On Emergency | and Run | Lane Closu | ure Work Zone | | | | | Reporting Threshold | | |
| 6TL | Government Property Active School Zone | | | | School Bus Related NO | | Tags | Tags | | | |
| - | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJU | | | | | RY Amended | | | | Secondary Crash | |
| | ✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | |
| | Location | | | | | | | | | | |
| | ON STH23 WB 913 FT N | | | | | Latitude | Latitude Longitude 43.353559498 -90.068965709 | | | | |
| | OF CTHGG SB | | | | | X Coordinate | | | Y Coordinate | | |
| | IN THE TOWN OF FRANKLIN IN SAUK COUNTY | | | | | 251285.703125 | | | | 4804653 | |
| | | | | | | Structure Type NO STRUCTURE | | | | | |
| | Crash Scene | | | | | | | | | | |
| | First Harmful Event Location | | | | | | | | | | |
| | NON DOMESTICATED ANIMAL (ALIVE) | | | | ON ROADW. | | DWAY | AY | | | |
| | Manner of Collision | | | | | Light Condition | | | | | |
| | 00 - NO COLLISION W/VEHIC Road Surface Condition(s) | LE IN TRANS | PORT | | | Roadway | Factor(s) | | | | |
| | Road Surface Condition(3) | | | | | Ttoadway | 1 20101(3) | | | | |
| | | | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| | Weather Condition(s) | Weather Condition(s) | | | | | | | | | |
| | | | | | | | | | | | |
| | Animal Type | | | | | Relation To Trafficway | | | | | |
| | DEER | | | | | TRAFFICWAY - ON ROAD | | | | | |
| | Crash Classification - Location PUBLIC PROPERTY | | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | | |
| | Tribal Land | | | | | Access Control Special Study | | | Special Study | | |
| | | | | | | | | | | | |
| | Unit Summary | | | | | | | | | | |
| | Unit Status Vehicle Operating As C | | | | | | | | | | |
| | IN TRANSIT D CLASS Vehicle Type | | | | | AUTOMOBILE Operating As Endorsements | | | | | |
| 01 | (SPORT) UTILITY VEHICLE | | | | | operating to Endorsements | | | | | |
| | | | | Total # Citations Issued | | | Total Trail | Total Trailers | | Total HazMat Types | |
| | 1 | | 0 | 0 | | 0 | | 0 | | | |
| F | | Direction Of Trave | | Pre CrashTire Si Anno | | Speed Lin | eed Limit Total Lanes | | es | | |
| UNIT | Most Harmful Event: Collision With | | | Special Function | | | | | nergency Motor Vehicle Use | | |
| | | | | NO SPECIAL FUNCTION | | | NOT APPLICABLE | | | | |
| | Traffic Way | | | Traffic Control | | | Traffic Control Inoperative/Missing | | | | |
| | Surface Type | | | Road Curvature | | | Road Grade | | | | |
| | | | | | | | | | | | |

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| | Truc | ruck Bus of HazMat | | | | | | | | |
|---------------|-------------------|--|---------------|---|---------------------|---------------------|---------------------|--|--|--|
| | | Vehicle | | | | | | | | |
| | | License Plate Number 847NFM | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance | | | | |
| 6 | 6 | Vehicle Identification Number 2GNFLFEK8G6314079 | | Make CHEVROLET | Year 2016 | Model EQUINOX | | | | |
| | U | Color | | Body Style | 2016 | Bus Use | | | | |
| | | RED - RED | | UT - SPORT UTILITY | VEHICLE | | | | | |
| | щ | Initial Contact Point | | Vehicle Damage 7 8 9 10 11 | | | | | | |
| UNIT | VEHICL | 11 - LEFT FRONT CORNER Extent Of Damage | | 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, | | | | | | |
| 5 | | FUNCTIONAL DAMAGE | | 12 - FRONT 5 4 3 2 1 | | | | | | |
| | | Towed Due To Damage | | Vehicle Removed By | | | | | | |
| | | | | Vehiele Fostern | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | Driver Prior Action Other | | | | | | | | |
| | | Driver Actions | | | | | | | | |
| ⊢⊢ | VEHICLE | NO CONTRIBUTING ACTION | | | | | | | | |
| UNIT | Ę | | | | | | | | | |
| | <pre>K</pre> | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | | |
| - | - | | | | | | | | | |
| 6 | 0 | | | | | | | | | |
| Policy Holder | | | | | | | | | | |
| UNIT | Insurance Company | | | Individual | | | | | | |
| | | ACUITY,-A-MUTUAL-INSU | RANCE-CO | LINDA KERNER | | | | | | |
| | NDIVIDUAL | Individual Driver | | Citations Issued | Sex | | | | | |
| | | KATRINA MAIWALD | | 0 | FEMALE | | | | | |
| | | | | Date of Birth | Race | | | | | |
| UNIT | Į | Address | | Drives Lissense Northern | WHITE | | | | | |
| 5 | | Address W1301 LARSON RD HAYWARD, WI 54843 , US | | Driver License Number | | | | | | |
| | Z | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | On Duty C | Crash | Safety Equipment | | | | | | |
| | Sa | fety Equipment | | , , , , | | | | | | |
| | | Row | Seat Position | SHOULDER & LAP | BELT | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | |
| | | | | Tint Compliance | | | | | | |
| | | | | | | | | | | |
| 5 | 001 | | | Airbag | | | | | | |
| | | Ejected Ejection Path | | | | Trapped/Extricated | I rapped/Extricated | | | |
| | | Medical Transport | | EMS Agency Identifier | | EMS Run # | | | | |
| | | NOT TRANSPORTED 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 | | | | | | | | |
| | AL | | | | | | | | | |
| UNIT | UDI, | | | | | | | | | |
| ∍ | INDIVIDUAL | | | | | | | | | |
| | 2 | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | L | Suspected Alcohol Use Drug & Alcohol NO | | | Suspected Drug Use | | | | | |
| | | Alcohol Test Given Alcohol Test Type Alcohol Tes | | Alcohol Test Type | I | | Alcohol Test Results | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | | | |
| 6 | 001 | Drug Type | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | |
| | | | | | | | | | | |