### 6TL0DKRB16

SC23-05969

# 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 SC23-05969			Investigating Officer/Deputy DEPUTY R. BARNES				
16			Crash Time 09:56 PM			Date Arrived		Tim	Time Arrived				
<u>n</u>	Date Notified	Time Notified		Total U	nits		Tota	al Injured	Total Killed	ı			
K	06/09/2023		09:56 PM	01			00		00				
<b>6TLODKRB1</b>	On Emergency Hit		and Run Lane Clo							Frailer or Towed		Reporting Threshold	
<b>6T</b> L	Government Property Active School Zone			hool Zone	School Bus Related NO			Tags					
	▼ Reportable Crash Type NON-DOMESTICATED A				NIMAL W/ NO INJURY				Amended			Secondary Crash	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.												
ĺ	Location												
i	ON CTHK NB					Latitude				Longitud	Longitude		
	118 FT S						43.57335	52583	_	-89.998284415			
	OF CTHF WB												
	IN THE TOWN OF WINF	IELD					X Coordina		Y Coor				
	IN SAUK COUNTY						257893.7	03125		482885	6.5		
							Structure 7	Туре		•			
							<i>"</i>						
	Creek Ceens												_
'	Crash Scene												_
	First Harmful Event						First Harm	First Harmful Event Location					
	NON DOMESTICATED A	AMIMA	AL (ALIVE)				ON ROADWAY						
	Manner of Collision						Light Condition						_
	00 - NO COLLISION W/V	/EHIC	LE IN TRANSF	PORT									
	Road Surface Condition(s)						Roadway	Factor(s)					_
	(-,					1.000.00)							
	Environment Factor(s)												
	(3)												
	Weather Condition(s)	/eather Condition(s)											
	Animal Type						Relation To Trafficway						_
	DEER							TRAFFICWAY - ON ROAD					
	Crash Classification - Location	n					Crash Classification - Jurisdiction						_
	PUBLIC PROPERTY						NO SPECIAL JURISDICTION			ON			
	Tribal Land						Access Co				Specia	I Study	_
							,					Opecial Gludy	
	Unit Summary												
	Unit Status	Vehicle Opera	ating As (	Classification	lassification		Unit Type						
	IN TRANSIT	D CLASS				AUTOMOBILE							
	Vehicle Type								Operating /	As Endorser	nents		_
01	PASSENGER CAR								1 , , , , ,				
						# Citations Issued Tot		Total Tra	tal Trailers		Total HazMat Types		_
				Total # Citations Issued				11013		wat Type	55		
				0		0 Speed Lin		O Total Lan				_	
	Insurance?					rie Ciasiffie		Speed Li	ed Limit Total La		ಕಕ		
╘╽	YES NORTHBOUND					lark							
	Most Harmful Event: Collision With				Special Funct		TION			Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)				NO SPECIA	AL FUN	HON		NOT APPLICABLE				
	Traffic Way			-	Traffic Contro	I				Traffic Control Inoperative/Missing			
	Surface Type				Road Curvatu			Road Grad	Road Grade			_	
					Ju. Ju. Ju								

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 06/09/2023
Crash Time 09:56 PM

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	Truc	Truck Bus or HazMat										
	Vehicle											
		License Plate Number AND1380		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES						
٤	VEHICLE 01	Vehicle Identification Number JTDKN3DU7E0368742		Make TOYOTA	Year 2014	Model PRIUS						
		Color WHI - WHITE		HB - HATCHBACK	Body Style Bus Use HB - HATCHBACK							
TIND		Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT C	Vehicle Damage  7 8 9 10 11  01 - RIGHT FRONT CORNER, 11 - LEFT FRONT  CORNER, 12 - FRONT, 14 - UNDERCARRIAGE  7 8 9 10 11  5 4 3 2 1							
		Towed Due To Damage TOWED DUE TO DISABLIN	G DAMAGE	Vehicle Removed By SHIELDS TOWING	I							
		What Driver Was Doing		Vehicle Factors								
		Driver Prior Action Other										
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION										
5	10	Owner Name		Owner Address	Owner Address							
<b> </b>	⊢ Policy Holder											
L N		Insurance Company  AMERICAN-FAMILY-INS-C	0	Individual BROOKLYNN BENZINE								
	- 1	ndividual										
	INDIVIDUAL	Driver BROOKLYNN BEN	Citations Issued  0	Sex FEMALE								
E				Date of Birth	Race WHITE							
TINO		Address S676 W REDSTONE DR LA VALLE, WI 53941 , US	Driver License Number									
	Sat	fety Equipment On Duty C	Crash	Safety Equipment	Safety Equipment							
		Row	Seat Position	SHOULDER & LAP	BELT							
		Helmet Use	Helmet Compliance									
		Eye Protection		Tint Compliance								
2	90	Injury Sev NO APP	Airbag									
		Ejected		Trapped/Extrica								
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#							
		Hospital	Date of Death	Date of Death Time of Death								

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		Distracted By	Distracted By Source								
		Distracted By Action									
		Non Motorist	Striking Unit #	Location							
		Prior Action									
		Action									
	UAL										
LNO	INDIVIDUAL										
	N										
								I = 15			
		Action Other						To/From School			
	L	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	I				
2	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									