## 6TL0BGSFJW

23-05787

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	le Primary Crash	Document #	Agency 23-057	r Crash Number 787	Investigating Of <b>DEPUTY D.</b>			
Crash Date 06/05/2023	Crash Time 04:37 PM		Date A 06/05/		Time Arrived 04:54 PM			
Date Notified	Time Notified		Total U		Total Injured	Total Kille	ed	
06/05/2023	04:37 PM	1	01		00	00		
On Emergency	Hit and Run	Lane Clo		Work Zone	Trailer or	Towed	Reporting Threshold	
Government Property	Active S	chool Zone	School NO	Bus Related	Tags			
Reportable	Crash Type DT4000 (ST	Crash Type DT4000 (STANDARD CRASH)				Amended		
Description 🗖								
Diagram					R	econstructio	n By	
					Pl	notos By		
						ditional Info	rmation	
					,			
✔ I, a sworn law enfo	prcement officer, agr	ree that I have	not addeo	d any CJIS data in th	his report.			

This report does not include any CJIS data. 1 of 5  $\,$ 

#### 23-05787

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

LUC	cation								
	CTHCH EB				Latitude			Longitue	de
-	FTN			43.471444584			-90.004	-90.004004332	
-	PINE BLUFF RD		X Coordinate		Y Coordinate				
	THE TOWN OF REEDS SAUK COUNTY	BURG				48175	54.5		
			Structure 7	Туре					
					NO STRI	UCTURE			
Cra	ish Scene								
-	t Harmful Event				First Harm	ful Event Lo	ocation		
DIT	СН				ON ROA		Jourion		
	nner of Collision				Light Cond				
		HICLE IN TRANSPORT	DAYLIGI						
	d Surface Condition(s)		Roadway						
					riouunuj				
DR	T								
Envi	ironment Factor(s)								
NO	NE				NONE				
Wea	ather Condition(s)								
CL	EAR								
Anin	nal Type					o Trafficway			
_						WAY - O			
	sh Classification - Location					ssification -			
_	BLIC PROPERTY				NO SPECIAL JURISDICTION				
ITID	Tribal Land					Access Control Special Study			
	nin Interchange Area	Junction Location		Intersectio		CTION			
NO		NON-JUNCTION		NULAN	INTERSE	CHON			
Uni	it Summary 🛛 💻								
	t Summary		Vehicle Opera	ating As C	lassification		Unit Type		
Unit	Status		Vehicle Opera	ating As C	lassification		AUTOMO		
Unit IN 1 Veh	Status FRANSIT icle Type			ating As C	lassification				ments
Unit IN 1 Veh (SP	Status FRANSIT icle Type PORT) UTILITY VEHICL			ating As C	lassification		AUTOMO Operating A	s Endorse	
Unit IN 1 Veh (SP	Status FRANSIT icle Type	E	D CLASS			Total Trail	AUTOMO Operating A	s Endorse Total Haz	ments zMat Types
Unit IN 1 Veh (SP	Status FRANSIT icle Type PORT) UTILITY VEHICL		D CLASS				AUTOMO Operating A	s Endorse	
Unit IN 1 Veh (SP Tota 2 Insu	Status <b>FRANSIT</b> icle Type <b>PORT) UTILITY VEHICL</b> al Occs irrance?	Train/Bus # Recorded Direction Of Travel	D CLASS Total # Citatic 0			Total Trail <b>0</b> Speed Lin	AUTOMO Operating A ers	s Endorse Total Haz <b>0</b> Total Lan	zMat Types
Unit IN 1 Veh (SP Tota 2 Insu UN	Status TRANSIT icle Type PORT) UTILITY VEHICL al Occs irrance? KNOWN	Train/Bus # Recorded Direction Of Travel EASTBOUND	D CLASS	ns Issued rashTire lark		Total Trail <b>0</b>	AUTOMO Operating A ers	s Endorse Total Haz <b>0</b> Total Lan <b>2</b>	Mat Types les
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Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data.

23-05787

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Ve	ehicle Removed By				
		NOT TOWED							
		What Driver Was Doing		Ve	Vehicle Factors				
		NEGOTIATING CURVE			NOT APPLICABLE				
		Driver Prior Action Other							
		Driver Actions							
	щ	FAILURE TO CONTROL, O	VER-COR	RECTING/OVER	-STEERING				
UNIT	C								
5	VEHICLE								
	>								
		Owner Name			Owner Address				
	_	JOYCE DEL AMEN		109 E OAK ST # 8					
	01	(945) 257-5401			BOSCOBEL, WI 5	3805 , US			
		Sequence Of Events							
	01	Event DITCH							
	02	Event							
		Event							
	03								
	64	Event							
		ndividual			Citations Issued	0			
		Driver ELOISA LIN (945) 257-5401			Citations Issued Sex 0 FEMALE				
	IAL				Date of Birth	Race			
E	INDIVIDUAL					ASIAN OR NAT	TIVE HAWAIIAN OR OTHER PACIFIC ISLA		
N	N	Address			Driver License Number	•			
	N	109 E OAK ST # 8 BOSCOBEL, WI 53805, US							
	~	On Duty C	rash		Safety Equipment				
	Saf	ety Equipment							
		Row Seat Position			SHOULDER & LAP	BELT			
		01 - FRONT ROW Helmet Use	07 - LE	FI	Helmet Compliance				
		Heimet Use			Helmet Compliance				
		Eye Protection		Tint Compliance					
5	5	Injury Sev	-		Airbag				
•	õ.		ARENT IN		NON DEPLOYED				
	Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AP						Trapped/Extricated NOT TRAPPED		
					EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital		Date of Death Time of Death					
		Distracted By NOT AP	By Source				1		
		Distracted By Action		L NOT DISTRAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		NOT DISTRACTED							
		Non Motorist	nit #	Location					

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 3 of 5

# 6TL0BGSFJW

#### 23-05787

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action										
UNIT	INDIVIDUAL	Action Action Other To/From School										
			Suspecte	ed Alcohol U	60	Suspected Drug Use						
	Ľ	Drug & Alcohol	NO	AICONOI C	150	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				
6	001	Drug Type										
		Individual Condition	MAL									
	l l	ndividual										
	[	Passenger				Citations Issued Sex						
	AL	JOYCE DEL AMEN (469) 655-3330			0 Date of Birth	FEMALE Race	FEMALE Race					
F	Ы						TIVE HAWAIIAN OR C	OTHER PACIFIC ISLA				
UNIT	(469) 655-3330 Address 109 E OAK ST # 8 BOSCOBEL, WI 53805, US					Driver License Number						
	Saf	On Duty Crash fety Equipment				Safety Equipment						
	00/	Row Seat Position 01 - FRONT ROW 09 - RIGHT				SHOULDER & LAP	BELT					
		Helmet Use			Helmet Compliance							
		Eye Protection				Tint Compliance						
	· · · · · · · · · · · · · · · · · · ·					Airbag						
6	NO APPARENT INJURY											
		Ejected NOT EJECTED		Ejection Pa	th CTED/NOT APPL			Trapped/Extricated NOT TRAPPED				
		Medical Transport				EMS Agency Identifier		EMS Run #				
		Hospital	20			Date of Death Time of Death						
	l	Distracted By	Distracte	d By Source	9							
		Distracted By Action										
		Non Motorist	Striking U	Jnit #	Location							
		Prior Action			I							
					This report	t dooo not include onv C I	IS data	Crash Data	06/05/2022			

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 4 of 5

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action					
	_						
	JA						
UNIT	IDI						
Б	INDIVIDUAL						
	I						
		Action Other					To/From School
	L	Suspected Alcohol	Use	Suspected Drug Use			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	;	
2	002	Drug Type					
Ŭ	0						
		Individual Condition					
		APPEARED NORMAL					

Wisconsin Motor Vehicle Crash Form DT4000