## 6TL0B4X4RJ 23-06800

## 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 23-06800 |                                     |  | Investigating Officer/Deputy SERGEANT E. KNULL |               |                     |  |
|------------|---|-----------------------------|--------------------------|------------------------------|-------------------------------------|--|--|---------------|---------------------|--|
| R          | Crash Date <b>06/29/2023</b>  | Crash Time<br>05:00 AM      | Date Arı                 | Date Arrived                 |                                     | Time                                       | Time Arrived                                   |               |                     |  |
| 0B4X4R     | Date Notified <b>06/29/2023</b>   | Time Notified 05:00 AM      | Total Ur<br><b>01</b>    | Total Units <b>01</b>        |                                     | Total<br><b>00</b>                         | Total Injured Total Killed 00                  |               | I                   |  |
| -0B        | On Emergency Hi   | t and Run Lane              | Closure                  | re Work Zone                 |                                     |  | Trailer or Towed                               |               | Reporting Threshold |  |
| <b>6TL</b> | Government Property   | School I                    | School Bus Related NO    |                              |                                     | Tags                                       |  |               |                     |  |
|            | <b>✓</b> Reportable   | Crash Type NON-DOMESTICATED | ANIMAL W/ N              | O INJUF                      | RY                                  |  | Amended  |               | Secondary Crash     |  |
|            | ☑ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |                             |                          |                              |                                     |  |  |               |                     |  |
|            | Location  |                             |                          |                              |                                     |  |  |               |                     |  |
| ł          | ON CTHW NB  |                             |                          |                              | Latitude Longitude                  |  |  |               | le                  |  |
|            | 0.32 MI S   |                             |                          |                              | 43.476950579                        |  |  | -89.634470225 |                     |  |
|            | OF CTHX SB  |                             |                          |                              | X Coordinate                        |  |  | Y Coord       | Y Coordinate        |  |
|            | IN THE TOWN OF GREENFIE   | =LD                         |                          |                              | 286932.90625                        |  |  | 481715        | 3                   |  |
|            | IN SAUK COUNTY  |                             |                          |                              | Structure Type                      |  |  |               |                     |  |
|            |   |                             |                          |                              | NO STRU                             |  |  |               |                     |  |
| - 1        | Crash Scene   |                             |                          |                              | ı                                   |  |  |               |                     |  |
| ,          | First Harmful Event   |                             |                          |                              | Le:                                 |  |  |               |                     |  |
|            |   | AL (ALIVE)                  |                          |                              |                                     | ful Event Lo                               | cation   |               |                     |  |
|            | NON DOMESTICATED ANIM  Manner of Collision  | AL (ALIVE)                  |                          |                              | ON ROADWAY                          |  |  |               |                     |  |
|            | 00 - NO COLLISION W/VEHI  | CLE IN TRANSPORT            |                          |                              | Light Condition                     |  |  |               |                     |  |
|            | Road Surface Condition(s)   | CLE IN TRANSPORT            |                          |                              | Roadway I                           | Footor(a)                                  |  |               |                     |  |
|            | rtoad Surface Condition(3)  |                             |                          |                              | 1 toadway i                         | actor(3)                                   |  |               |                     |  |
|            |   |                             |                          |                              |                                     |  |  |               |                     |  |
|            | 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 |                     |  |
|            |   |                             |                          |                              |                                     |  |  |               |                     |  |
| i          | Unit Summary  |                             |                          |                              |                                     |  |  |               |                     |  |
|            | Unit Status Vehicle Operating As 0  |                             |                          |                              | Classification Unit Type            |  |  |               |                     |  |
|            | IN TRANSIT D  |                             |                          | D CLASS                      |                                     |  | AUTOMOBILE                                     |               |                     |  |
| _          | Vehicle Type  |                             |                          |                              | Operating As Endorsements           |  |  |               |                     |  |
| 01         | (SPORT) UTILITY VEHICLE   |                             |                          |                              |                                     |  |  |               |                     |  |
|            | Total Occs Train/Bus # Recorded   |                             | Total # Citations Issued |                              | Total Traile                        |  | ers Total Haz                                  |               | Mat Types           |  |
|            | 1   |                             | 0                        |                              |                                     | 0  |  | 0             |                     |  |
|            |   | Direction Of Travel         | Pre C                    | rashTire                     | )                                   | Speed Lim                                  | it   | Total Lane    | es                  |  |
| ا ∟        | YES NORTHBOUND  |                             |                          | Mark                         |                                     |  |  |               |                     |  |
| UNIT       | Most Harmful Event: Collision With  | Special Funct               |                          | TION                         |                                     | Emergency Motor Vehicle Use NOT APPLICABLE |  |               |                     |  |
| _          | NON DOMESTICATED ANIM   | NO SPECIA                   |                          |                              |                                     |  |  |               |                     |  |
|            | Traffic Way   | Traffic Contro              |                          | Tra                          |                                     | Traffic Control Inoperative/Missing        |  |               |                     |  |
|            | Conference Town   | <u> </u>                    |                          |                              |                                     |  |  |               |                     |  |
|            | Surface Type  | Road Curvatu                | Road Curvature           |                              |                                     | Road Grade                                 |  |               |                     |  |
|            |   |                             |                          |                              |                                     |  |  |               |                     |  |

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|      | Truc       | k Bus or HazMat  |  |  |                                   |  |  |  |
|------|------------|--|--|--|-----------------------------------|--|--|--|
|      | ,          | Vehicle  |  |  |                                   |  |  |  |
|      | VEHICLE 01 | License Plate Number AHL7780                                       | Plate Type AUT - AUTOMOBILE  | St<br>WI   | Country of Issuance UNITED STATES |  |  |  |
| 2    |            | Vehicle Identification Number 3GYFNEE33GS541150                    | Make CADILLAC  | Year <b>2016</b>   | Model<br>SRX                      |  |  |  |
|      |            | Color<br>SIL - SILVER (ALUMINUM)                                   | Body Style UT - SPORT UTILITY  | Body Style Bus Use UT - SPORT UTILITY VEHICLE                  |                                   |  |  |  |
| LIND |            | Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE | Vehicle Damage  01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT  5 4 3 2 1 |  |                                   |  |  |  |
|      |            | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE                  | Vehicle Removed By CRAIGS TOWING   |  |                                   |  |  |  |
|      |            | What Driver Was Doing  Driver Prior Action Other                   | Vehicle Factors  | Vehicle Factors  |                                   |  |  |  |
|      | VEHICLE    | Driver Actions   |  |  |                                   |  |  |  |
| UNIT |            | NO CONTRIBUTING ACTION   |  |  |                                   |  |  |  |
|      |            | Owner Name   | Owner Address  |  |                                   |  |  |  |
| 2    | 6          |  |  |  |                                   |  |  |  |
| ╘    |            | Policy Holder  |  |  |                                   |  |  |  |
| LIND |            | Insurance Company GEICO-GENERAL-INS-CO                             | Individual TERI FULLER   |  |                                   |  |  |  |
|      | INDIVIDUAL | Individual   | 10%  | To.  |                                   |  |  |  |
|      |            | Driver TERI FULLER   | Citations Issued  0  | Sex<br>FEMALE  |                                   |  |  |  |
| _    |            | (608) 393-1847   | Date of Birth  | Race<br>WHITE  |                                   |  |  |  |
| LIND |            | Address<br>1412 LAKE ST<br>BARABOO, WI 53913 , US                  |  | Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES |                                   |  |  |  |
|      | Sai        | On Duty Crash fety Equipment                                       | Safety Equipment   | Safety Equipment   |                                   |  |  |  |
|      |            | Row Seat Position  | SHOULDER & LAP BELT  |  |                                   |  |  |  |
|      | 100        | Helmet Use   | Helmet Compliance  |  |                                   |  |  |  |
|      |            | Eye Protection   | Tint Compliance  |  |                                   |  |  |  |
| 5    |            | Injury Severity NO APPARENT INJURY                                 | Airbag   |  |                                   |  |  |  |
|      |            | Ejected Ejection Path  |  |  | Trapped/Extricated                |  |  |  |
|      |            | Medical Transport NOT TRANSPORTED                                  | EMS Agency Identifier  |  | EMS Run #                         |  |  |  |
|      |            | Hospital   | Date of Death  |  | Time of Death                     |  |  |  |

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Crash Date 06/29/2023

Crash Time 05:00 AM

|      |            | Distracted By                                       | Distracted By Source | ,              |                       |  |  |                |
|------|------------|---|----------------------|----------------|-----------------------|--|--|----------------|
|      |            | Distracted By Action                                |                      |                |                       |  |  |                |
|      |            | Non Motorist  | Striking Unit #      | Location       |                       |  |  |                |
|      |            | Prior Action  |                      |                |                       |  |  |                |
|      |            | Action  |                      |                |                       |  |  |                |
| _    | UAL        |   |                      |                |                       |  |  |                |
| UNIT | INDIVIDUAL |   |                      |                |                       |  |  |                |
|      | Ξ          |   |                      |                |                       |  |  |                |
|      |            | Action Other  |                      |                |                       |  |  | To/From School |
|      | Ĺ          | Drug & Alcohol NO                                   |                      |                | Suspected Drug Use NO |  |  |                |
|      |            | Alcohol Test Given Alcohol Test Type TEST NOT GIVEN |                      |                | Alcohol Test Results  |  |  |                |
| •    |            | Drug Test Given TEST NOT GIVEN                      | l                    | Drug Test Type | Drug Test Results     |  |  |                |
| 2    | 001        | Drug Type   |                      |                |                       |  |  |                |
|      |            | Individual Condition                                |                      |                |                       |  |  |                |
|      |            | APPEARED NORM                                       | MAL                  |                |                       |  |  |                |