6TL0CBQ6S2 23-08107

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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	Document Number Overrid	de Primary (Primary Crash Document #		Agency Crash Number 23-08107			Investigating Officer/Deputy DEPUTY A. JAHNKE				
S 2	Crash Date 07/28/2023		Crash Time 08:15 PM		Date Arrived		Time	Time Arrived				
61L0CBQ6S2	Date Notified 07/28/2023		Time Notified 08:21 PM		Total Units 01		Total 00	,		tal Killed		
၂ ၂၁၀	On Emergency	Hit and Rur	t and Run		osure Work			Trailer or T	Towed		eporting reshold	
<u> </u>	Government Property	Acti	ve School Zone	ne School Bus Related Tags NO								
				TED ANIMAL W/ NO INJURY				Amended			econdary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location =											
Ī	ON STH23 WB 0.55 MI E				Latitude 43-53332	Latitude Longitude 43.533329969 -89.906170599						
	OF ABLEMAN RD IN THE TOWN OF EXCELSIOR				X Coordinate			Y Coord	Y Coordinate			
	IN SAUK COUNTY					265176.5625 Structure Type			482414	4824146.5		
						NO STRUCTURE						
(Crash Scene											
ī	First Harmful Event					First Harm	ful Event Le	antion				
	NON DOMESTICATED ANIMAL (ALIVE)					First Harmful Event Location ON ROADWAY						
	Manner of Collision	7.1.1	-,			Light Condition						
	00 - NO COLLISION W	//VEHICLE IN TR	RANSPORT									
	Road Surface Condition(s)	1				Roadway I	Factor(s)					
-	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						
ļ	Jnit Summary											
	Unit Status Vehicle Operating As					Classification Unit Type						
	IN TRANSIT	D CLASS			AUTOMOB		ILE					
_	Vehicle Type				Operating As Endorsements							
6	(SPORT) UTILITY VEHICLE											
	Total Occs 1	al Occs Train/Bus # Recorded			Total # Citations Issued 0		Total Traile 0	ers	Total HazMat Types 0			
	Insurance? YES	Direction O			rashTire	Speed Lim		it Total Lanes		es		
LINO	Most Harmful Event: Collision With			Special Function						Motor Vehicle Use		
	NON DOMESTICATED	NO SPECIAL FUNCTION					PPLICABLE					
	Traffic Way			Traffic Contro	Traffic Control			Traffic Control Inoperative/Missing				
•	Surface Type			Road Curvature				Road Grade				

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date **07/28/2023**Crash Time **08:15 PM**

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	Truck Bus or HazMat								
	,	Vehicle							
٦	VEHICLE 01	License Plate Number ADV7834	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
		Vehicle Identification Number 1GNEVHKW0NJ140307	Make CHEVROLET	Year 2022	Model TRAVERSE				
		Color WHI - WHITE	UT - SPORT UTILITY	Body Style UT - SPORT UTILITY VEHICLE Bus Use					
LIND		Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE	02 - RIGHT SIDE FRO	Vehicle Damage 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT					
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE					
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
TINO	VEHICLE	NO CONTRIBUTING ACTION							
_		Owner Name	Owner Address						
2	2								
<u></u>		Policy Holder							
LIND		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP Individual JULIE SCHULTZ							
	INDIVIDUAL	Individual							
		Driver JULIE SCHULTZ (608) 393-0033	Citations Issued O Date of Birth	Sex FEMALE Race					
FIND		Address	Driver License Number	WHITE					
5		S4010 THIEMAN HILL RD REEDSBURG, WI 53959, US	Driver License Number						
	Sat	fety Equipment	Safety Equipment	Safety Equipment					
		Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance						
2	00	Injury Seventy NO APPARENT INJURY	Airbag						
		Ejected Ejection Path		Trapped/Extricated					
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Agency Identifier EMS Run #					
		Hospital	Date of Death	Time of Death					

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Crash Time 08:15 PM

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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 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						