

6TL0CTJN3W

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-08112</b>		Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>07/28/2023</b>		Crash Time <b>10:09 PM</b>		Date Arrived <b>07/28/2023</b>		Time Arrived <b>10:35 PM</b>	
Date Notified <b>07/28/2023</b>		Time Notified <b>10:09 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

**Description**

Diagram		Reconstruction By	
		Photos By	
		Additional Information <b>NONE</b>	

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS EAST BOUND ON N REEDSBURG RD. UNIT 1 STRUCK A LARGE TREE THAT FALLEN ACROSS THE ROAD. UNIT 1 SUSTAINED HEAVY DAMAGE.

**Location**

ON N REEDSBURG RD 595 FT E OF VOGEL RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude <b>43.540179736</b>	Longitude <b>-89.909797097</b>
	X Coordinate <b>264910.15625</b>	Y Coordinate <b>4824917.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

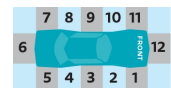
First Harmful Event <b>TREE</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>WET</b>	<b>OBSTRUCTION IN ROADWAY</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements		
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>TREE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

**Vehicle**

<b>UNIT 01 VEHICLE</b>	License Plate Number <b>AFW3783</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2G4WD552371112131</b>	Make <b>BUICK</b>	Year <b>2007</b>	Model <b>LCR</b>	
	Color <b>BGE - BEIGE</b>	Body Style <b>4D - 4DR</b>		Bus Use	
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 12 - FRONT</b>			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	01	Owner Name <b>MELISSA KALLENBACH (608) 495-9638</b>	Owner Address <b>100 N MAIN ST # 2 LIME RIDGE, WI 53942 , US</b>		
		<b>Sequence Of Events</b>			
01	01	Event <b>TREE</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>GEICO-CASUALTY-CO</b>	Individual <b>DALTON JENSEN</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>DALTON JENSEN (608) 495-9638</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>100 N MAIN ST # 2 LIME RIDGE, WI 53942 , US</b>	Driver License Number		
01	001	<b>Safety Equipment</b>		On Duty Crash	
				Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance			
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>NOAH STRUTZ</b> <b>(608) 367-7465</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>503 S PARK ST</b> <b>REEDSBURG, WI 53959 , US</b>		Driver License Number			
		<b>Safety Equipment</b>		On Duty Crash	Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		UNIT	INDIVIDUAL	<b>Injury</b>			
				Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>				Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>				EMS Agency Identifier		EMS Run #	
Hospital				Date of Death		Time of Death	
<b>Distracted By</b>				Distracted By Source			
Distracted By Action							
<b>Non Motorist</b>				Striking Unit #	Location		

UNIT	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	01	002	