6TL0BFKDJP 23-08403

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Prima		•		Agency Crash Number 23-08403			Investigating Officer/Deputy DEPUTY H. VOLZ			
1	Crash Date Crash Time 08/04/2023 10:25 AM Date Notified Time Notified 08/04/2020 10:27 AM			Date Arrived				Time Arrived			
J											
ק				Total Ur	nits			l Injured	Total Killed	I	
Ĭ	08/04/2023	10:27 AM	ı	01		00		0 00		D	
0E	On Emergency	Hit and Run	Lane Clos	ure	□Wo	rk Zone		Trailer or T	owed	Reporting Threshold	
61LUBFKDJ	Government Property	hool Zone	School NO	chool Bus Related			Tags				
	Reportable Crash Type NON-DOMESTICATED A			ANIMAL W/ NO INJURY				Amended		Secondary Crash	
	I, a sworn law enforce	any CJ	/ CJIS data in this report.								
	Location										
	ON STH23 WB					Latitude Longitude			le		
	375 FT S					43.33830	4841	-90.064		993473	
	OF DAWN RD IN THE TOWN OF FRANKI	LIN					X Coordinate		Y Coordinate		
	IN SAUK COUNTY			251545.35937				75 480294		-7	
						Structure Type NO STRUCTURE					
(Crash Scene										
1	First Harmful Event					First Harm	First Harmful Event Location				
	NON DOMESTICATED AN				ON ROADWAY						
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEI	HICLE IN TRANS	PORT								
	Road Surface Condition(s)					Roadway I	Factor(s)				
	Environment Factor(s)										
	Environment actor(o)	Environment Factor(s)									
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Clas	Crash Classification - Jurisdiction				
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION					
				A			Access Control			Special Study	
	Unit Summary —		LV-I	· :-! O	- i' A - O	N'6'''		T			
				Vehicle Operating As Classification D CLASS				Unit Type AUTOMOBILE			
	IN TRANSIT Vehicle Type			JLASS				Operating As Endorsements			
01	(SPORT) UTILITY VEHICLE							Operating /	AS EHGOISEI	nenis	
				Total # Citations Issued		Total Trai		ailers Total HazMat Types		Mat Types	
	5		0				0		0	71	
	Insurance?	Direction Of Trave	_	Pre CrashTire			Speed Lir		Total Lane	es	
=	YES	NORTHBOUND		. N	lark						
	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCTION						Motor Vehicle Use	
_	NON DOMESTICATED ANIMAL (ALIVE)					IIUN		NOT APPLICABLE			
				Traffic Control				Traffic Control Inoperative/Missing			
Surface Type Ros				oad Curvature				Road Grade			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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	Truc	ick Bus or HazMat									
	,	Vehicle									
		License Plate Number 3526217B		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES					
2	VEHICLE 01	3C4PDDEG6JT390607		Make DODGE	Year 2018	Model JOURNEY					
		GRY - GRAY		Body Style Bus Use 4D - 4DR							
TIND		Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	HT FRONT CORNER Damage		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT 7 8 9 10 11 6 7 8 9 10 11 5 4 3 2 1						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER								
		What Driver Was Doing	Vehicle Factors	Vehicle Factors							
		Driver Prior Action Other									
TINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION									
10	10	Owner Name		Owner Address							
_	Policy Holder										
UNIT	Insurance Company PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U			Individual SETH KABALA							
		Individual									
	INDIVIDUAL	Driver SETH KABALA (309) 781-0934	Citations Issued O Date of Birth	Sex MALE Race							
⊨			Date of Birth	WHITE							
TINO		Address 2937 16TH AVE MOLINE, IL 61265, US	Driver License Number								
	On Duty Crash Safety Equipment			Safety Equipment							
		Row	Seat Position	SHOULDER & LAP BELT							
		Helmet Use		Helmet Compliance							
		Eye Protection	Tint Compliance								
6	9	Injury NO APPA	Airbag								
		Ejection Path				Trapped/Extricated	Trapped/Extricated EMS Run #				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier								
		Hospital	Date of Death Time of Death								

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Crash Date 08/04/2023
Crash Time 10:25 AM

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Distracted By Distracted By Source									
İ		Distracted By Action							
				r					
		Non Motorist	Striking Unit #	Location					
		Prior Action							
İ		Action							
_	INDIVIDUAL								
LIND	3								
_	Ē								
	=								
		Action Other						To/From School	
l		Drug & Alcohol NO			Suspected Drug Use				
		Drug & Alcohol	NO		NO				
İ		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	001	Drug Type							
	Ō								
		Individual Condition							
		APPEARED NORMAL							
I									