6TL0C22XZH 23-11334

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 23-11334			Investigating Officer/Deputy DEPUTY A. WILCOX				
ZH	Crash Date 10/19/2023	Crash Time 04:20 AM		Date Arrived		Time	Time Arrived				
OC22XZH	Date Notified 10/19/2023	Time Notified 04:29 AM		Total Units 01			Tota 00	,		Total Killed 00	
.0C	On Emergency Hi	t and Run La	ne Closur			rk Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Property	Active School Zo	200	School E	Bus Relate	ed	Tags	•			
	✓ Reportable	Crash Type NON-DOMESTICATE	ED ANIMA	L W/ NO	O INJUR	ĽΥ		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
ł	ON USH12 EB					Latitude			Longitud	le	
	510 FT S					43.376949655			-89.768	546269	
	OF USH12 EB IN THE TOWN OF SUMPTER	.				X Coordinate			Y Coord		
	IN SAUK COUNTY					275719.625 Structure Type			400033	4806399	
						NO STR	UCTURE				
(Crash Scene										
1	First Harmful Event					First Harm	ıful Event Lo	ocation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROA	DWAY				
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT									
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
	, ,										
	Weather Condition(a)										
	Weather Condition(s)										
	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
	PUBLIC PROPERTY Tribal Land						ontrol	SDICTION		Special Study	
						openial class,					
	Unit Summary ————————————————————————————————————										
Ì	Unit Status		Vehic	le Opera	ting As C	lassification		Unit Type			
	IN TRANSIT D CLASS				TRU						
_	Vehicle Type							Operating A	As Endorser	ments	
0	UTILITY TRUCK/PICKUP TRUCK										
									Mat Types		
	1	Direction Of Travel	0				0 Chard Lim	.:+	0 Total Lane		
_		EASTBOUND		Pre CrashTire		Speed Lim		iii 10tai Lane		es	
UNIT	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use		
ر	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			TION NOT APPL		LICABLE	ICABLE	
	Traffic Way			Traffic Control			Traffic Contro		rol Inoperative/Missing		
	Surface Type			Road Curvature				Road Grade			

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Wisconsin Motor Vehicle Crash Form DT4000

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	Truc	ruck Bus or HazMat								
	,	Vehicle								
		License Plate Number	Plate Type	St	Country of Issuance					
01		HV4634	LTK - LIGHT TRUCK	wı	UNITED STATES	;				
		Vehicle Identification Number	Make	Year	Model					
	2	1GCVKREC9HZ100483	CHEVROLET	2017	SILVERADO					
		Color	Body Style	L	Bus Use					
		RED - RED	PK - PICKUP							
	VEHICLE	Initial Contact Point	Vehicle Damage							
UNIT		12 - FRONT	AA BICHT EBONT C	7 8 9 10 11						
S		Extent Of Damage	O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT Vehicle Removed By							
	7	DISABLING DAMAGE								
		Towed Due To Damage								
		TOWED DUE TO DISABLING DAMAGE	CRAIGS TOWING	CRAIGS TOWING						
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
		Driver Actions								
۱.	VEHICLE	NO CONTRIBUTING ACTION								
UNIT	<u> </u>									
5	표									
	>									
		Owner Name	Owner Address							
2	7									
_										
				_						
╘		Policy Holder								
LNO		Insurance Company LIBERTY-MUTUAL-INS-CO	Individual CHRISTOPHER ACK	CEDMAN.						
		Individual Driver	Citations leaved	Loov						
		CHRISTOPHER ACKERMAN	Citations Issued 0	Sex MALE						
	₹	(608) 434-4227	Date of Birth	Race						
١.	\mathbf{z}		Date of Birtin	WHITE						
E N	DIVIDUAL	Address	Driver License Number	Driver License Number						
5		1400 AMUNDSON DR	Driver License (variber	DIME FICEIPE MAILINE						
		BARABOO, WI 53913 , US	STATE: WISCONSIN	STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash	Safety Equipment	Safety Equipment						
	Sat	fety Equipment	, , ,							
		Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance	Tint Compliance						
10	90	Injury Severity Injury NO APPARENT INJURY	Airbag							
	0	TO THE THE PART HOUSE	Transact III.							
		Ejection Path			Trapped/Extricated					
		Medical Transport	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED	LIVIO Agency Identifier		LIVIO RUII #					
		Hospital	Date of Death		Time of Death					

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ı			D:-ttd D C					
Distracted By Source								
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	INDIVIDUAL							
LNO	7							
5	≥							
	9							
	=							
		Action Other						To/From School
		Suspected Alcohol Use Suspected Drug Use						
	L	Orug & Alcohol	NO	NO				
İ	Alcohol Test Given Alcohol Test Type			Alcohol Test Result				
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Result			
01	001	Drug Type						
	0							
		Individual Condition						
		APPEARED NORM	Λ ΔΙ					
		ALL LAKED HOKE						
l								