6TL0F68VN2

23-11607

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 Cr 23-11607	ash Number 7	Investigating Officer/Deputy SERGEANT T. CLAUER						
R	Crash Date 10/26/2023	Crash Time 05:40 AM		Date Arriv	ed	Time Arrived						
0F68VN	Date No ified 10/26/2023	Time Notified 05:49 AM		Total Units 01	3		Total Injured To 00 00		1			
		Hit and Run	and Run		Work Zo	ne	Trailer or T	Towed	Reporting Threshold			
6TL	Government Property	School Bu NO	s Related		Tags							
	Reportable	ANIMAL W/ NO	INJURY		Amended		Secondary Crash					
_	Location			Latituda	Longitudo	Lat	// ongCourse	4000	an Control			
	14 FT S	Latitude 43.48906366	Longitude -89.7387		/LongSource T/ILT	Access Control						
	OF CITY VIEW RD IN THE TOWN OF BARABO	X Coordinate 278543.7812	Y Coordina 4818771	ate On	Roadway Link ID# 64439		On Roadway Link Offset 1105					
		Override	Tribal Land	d			Structure Type NO STRUCTURE					
(Crash Scene			Firshills								
	First Harmful Event NON DOMESTICATED AN	First Harmful Event Location ON ROADWAY										
	Manner of Collision 00 - NO COLLISION W/VE	HICLE IN TRAN	SPORT	Light Condi ion								
	Road Surface Condition(s)			Environment Fac	ctor(s)							
	rioda canaco contanon(c)											
	Roadway Factor(s)	Wea her Condition(s)										
	Animal Type DEER	Rela ion To Trafficway TRAFFICWAY - ON ROAD										
	Crash Classification - Location PUBLIC PROPERTY			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION								
		Access Control		Special Study								
						- P- OK						
L I	Unit Summary											
	Unit Status	g As Classificatio	n	Unit Type								
	IN TRANSIT			AUTOMOBILE								
2	Vehicle Type (SPORT) UTILITY VEHICL			Operating	As Endorsements							
	1	0	otal # Citations	Issued	Total Traile 0		Total HazMat Ty 0	/pes				
UNIT	Insurance? Direction O YES SOUTHB		Pre Cras Mar Decial Function	k	Speed Limi		Total Lanes					
	Most Harmful Event: Collision V NON DOMESTICATED AN	FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE								
	Traffic Way			Traffic Control Inoperative/Missing								
	Surface Type			Road Grad	le							
2	Truck Bus or HazMat											
	Role DRIVER			Citations Issue 0	d		e Driver Individual Type ddress INDIVIDUAL					

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Last Name

23-11607

5

UNIT

Wisconsin Motor Vehicle Crash Report

First Name

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

Suffix

Middle Initial

UNIT

F	
=	
Z	

0	SNYDER	SANDRA		КАҮ									
	Street Address	Street Address			PO Box								
	S3463B COUNTY												
JAL	City BARABOO		State WI	Zip Code 53913			Country of Residence UNITED STATES						
INDIVIDUAL	DOB	Sex F	Race W	Hair BLOND					Weight 200	Phone N (608) 4		er 460 EXT.	
IND	Driver's License Num	ber	State License Jursidio WI STATE			ursidiction	on Country of Issuance UNITED STATES						
	License Type NON-CDL DRIVER	License Status VALID LICENSE					DL Expire Year 2030						
	Equipment	On Duty Acci	Safety Equipment										
~	Row Seat Position			SHOULDER & LAP BELT									
01	Helmet Use	Helmet Compliance											
	Eye Protection	Tint Compliance											
	Injury Severity NO APPARENT INJURY			Airbag									
DUA	Ejected	Ejection Path	ped/Extricated										
NDIVIDUAL	MedicalTransport NOT TRANSPOR	EMS Agency Identifier E				EMS Run #							
2	Hospital		Date of Death	Date of Death Time of D					Death				
	Non Motorist Striking Unit #			Location	Location To/FromS								
-	Prior Action	rior Action				Action							
01	Distracted By Action												
	Distracted By Source			Action Other									
	Drug & Alcoh	Individual Co APPEAREI											
DUAL	Suspected Alcohol Us NO	Suspected Drug											
VIDL	Alcohol Test Given TEST NOT GIVEN					Alcohol Test Results							
INDIVI	Drug Test Given TEST NOT GIVEN					Drug Test Results							
	Drug Type												
	License Plate Number ASB8333			Plate Type St WI			Country of Issuance UNITED STATES						
	Vehicle Identification	Number							Make				
	1C4PJMLB3KD37	4761						JEEP					
	Model			Body Style Co					Color				
	снк							/HI - WHITE					
	Initial Contact Point												
	01 - RIGHT FRON												

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				Vehicle Damage												
					01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT											
2	2	Extent Of Dama	-				CORNE	ER, 1	2 - FRONT		,			,		
		FUNCTIONAL DAMAGE Towed Due To Damage				Vehicle I	Facto	rs								
		NOT TOWED						, acto								
		Vehicle Removed By														
		OPERATOR														
		What Driver Was Doing					Driver Prior Action Other					Bus Use				
	ш	Driver Actions NO CONTRIBUTING ACTION											-			
UNIT	VEHICLE	NO CONTRIB														
		Vehicle O	wner Same A		Use Operator Address											
		Organization Type			Comp	Company Name										
		Last Name			First N	First Name					dle	Suffix	Date	e of Birth		
		Street Address			Street	Street Address2				Box						
		City			St	St Zip Code			Country							
		Telephone Number														
												_				
⊑l	HOL 01	Insurance Company ALLSTATE-INS-CO					Policy Holder Same As Owner			er	✓ Policy Holder Same As Driver					
IN		Organization Type Last Name				First Name			Policy Holde		ler Compa	any				
ų,					SANDRA											
	Sigi	lignature														
	◄	l, a sworn law	enforcement	officer,	agree th	at I have	e not ad	ded	any CJIS d	ata i	n this repo	ort.				
Í	Law Enforcement Agency															
	Agency Space															
	Offic	Officer Rank Officer Last Name Office				Officer	r First Name Offic			er Middle Na	ame	Suffix				
	SGT	T CLAUER			THOMAS			Α								
	DOT 10	r Officer ID DNR Officer ID				cer ID	Officer B 10			er Badge Number						
	Offic	er EMail		· · ·												
	Loca	Local Agency Number Law Enforcement Agency Jur SAUK									Law Enforcement Agency type COUNTY SHERIFF					
		aw Enforcement Agency Name					TAS Agency Name SAUK COUNTY SHERIFF									
	Law	aw Enforcement Agency Street Address					Law Enforcement Agency Street Address2									
	Law	aw Enforcement Agency City LEA State WI					Law Enforceme			nent Agency Zip Code						
		aw Enforcement Agency Phone Number ORI Number				BFUNC Agence			ncy TraCS Agency Number							
		608) 356-4895 EXT. WI0570000				5600			1	205			-,			