6TL0F3SSFT 23-11835

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash	Primary Crash Document #		Agency Crash Number 23-11835			Investigating Officer/Deputy DEPUTY A. KING			
_	Crash Date 11/01/2023	Crash Time 09:48 AM			Date Arrived		Time	Time Arrived			
S	Date Notified	Time Notified		Total U	nits		Total	Injured	Total Killed	I	
35	11/01/2023	09:49 AM	1	01	1		00		00	1 _	
61L0F3SSF	On Emergency Hit and Run Lane			Closure Work Zone			Trailer or Towed Reporting Threshold				
<u> </u>	Government Active School Zone			School Bus Related NO			Tags	Tags			
	✓ Reportable	STICATED AN	ANIMAL W/ NO INJURY				Amended			ondary rash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
ł	ON STH60 WB				Latitude				Longitud	Longitude	
	968 FT W					43.20181	7523	-89.891		217954	
	OF FOX RD					X Coordina	ate	Y Coordinate			
	IN THE TOWN OF TROY					265107.9	375	478728			
	IN SAUK COUNTY					Structure Type					
L	Crash Scene					I					
,						I					
	First Harmful Event						ful Event Lo	cation			
	NON DOMESTICATED AN	MAL (ALIVE)				ON ROA					
	Manner of Collision	E IN TO ANG				Light Cond	dition				
	00 - NO COLLISION W/VEI	HICLE IN TRANS	SPORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
	2										
İ	Weather Condition(s)										
	Asimal Time					Discourage of the state of the					
	Animal Type				Relation To Trafficway						
	DEER Creek Cleenification Location				TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction						
	Crash Classification - Location PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tibal Land										
	modi Edila					7.00033 00111101				Special Stud	ıy
Ĺ						<u> </u>				<u> </u>	
١	Unit Summary ===										
				ehicle Operating As Classification			Unit Type				
					D CLASS			AUTOMO			
6	Vehicle Type				Operating As Endorsements						
٦	PASSENGER CAR						ers Total HazMat Types				
	Total Occs Train/Bus # Recorded			Total # Citations Issued						Mat Types	
]				0		0		0			
	Insurance?	Direction Of Trave	eı r	Pre CrashTire			Speed Lim		it Total Lanes		
╘	YES WESTBOUND				/lark			I Empranny Motor Vokiela Llas			
	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCTIO			TION		Emergency Motor Vehicle Use NOT APPLICABLE		
]	NON DOMESTICATED ANIMAL (ALIVE)										
	Traffic Way			raffic Contro	DI			Traffic Control Inoperative/Missing			
	Curfoca Time			210				Road Crada			
	Surface Type	ace type			Road Curvature				Road Grade		
l						1					

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 11/01/2023
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	Truck Bus or HazMat								
	,	Vehicle							
	VEHICLE 01	License Plate Number AMW8846	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
2		Vehicle Identification Number 3FA6P0LUXJR223495	Make FORD	Year 2018	Model FUSION				
		Color BLK - BLACK	Body Style SD - SEDAN		Bus Use				
L N		Initial Contact Point 10 - LEFT SIDE FRONT Extent Of Damage DISABLING DAMAGE	Vehicle Damage 10 - LEFT SIDE FROM	NT		7 8 9 10 11 6 2 2 1 12			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING						
		What Driver Was Doing	Vehicle Factors	Vehicle Factors					
	VEHICLE	Driver Prior Action Other							
TIND		NO CONTRIBUTING ACTION							
		Owner Name	Owner Address						
2	5								
⊨	Policy Holder								
TIND		Insurance Company Individual CHARLES STEVENS PROGRESSIVE-CASUALTY-INS-CO							
	INDIVIDUAL	Individual							
		Driver CHARLES STEVENS (515) 306-5785	Citations Issued 0	Sex MALE					
Ŀ			Date of Birth	Race WHITE					
TINO		Address S12853 HARRIET CT SPRING GREEN, WI 53588, US	Driver License Number	Driver License Number					
	Sat	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment					
		Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT					
		Helmet Use	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 Run#				
		Hospital	Date of Death		Time of Death				

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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						
							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							