6TL0D7W16M 23-12073

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 | | | Investigating Officer/Deputy DEPUTY K. MUELLER | | | | | |
|------------|---|--------------------------|--------------------------------------|--------------------------------|-----------------|-------------------------------------|--|--------------------------------------|--------------------|---------------------|---|--|
| ∑ | Crash Date 11/07/2023 | Crash Time 05:21 PM | | Date Arrived | | | Time | Time Arrived | | | | |
| _ | Date Notified | Time Notified | | Total III | -:4- | | Total | lucio una al | Total Killed | | - | |
| > | 11/07/2023 | 05:21 PM | | Total Ur | nits | | Total 00 | | 00 | 1 | | |
| DI LUDI WI | On Emergency | t and Run Lane Clo | | osure Wo | | rk Zone | | railer or Towed | | Reporting Threshold | | |
| _ | Government Property | Active Sch | Active School Zone School Bus Relate | | | ed | Tags | | | | | |
| J | ✓ Reportable | TICATED ANIN | ANIMAL W/ NO INJURY | | | | Amended | | Secondary Crash | | | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | | |
| | Location | | | | | | | | | | | |
| | ON STH60 WB | | | | | Latitude | | | Longitude | | | |
| | 335 FT E | | | 43.2 | | | 43.2485279 | | _ | 5125981 | | |
| | OF FERRY BLUFF RD | | | | | | | | | | | |
| | IN THE TOWN OF PRAIRIE I | DU SAC | | | | X Coordina | | Y Coordi | | | | |
| | IN SAUK COUNTY | | | | | 270653.0625 | | | 4792289.5 | | | |
| | | | | | | Structure Type | | | | | | |
| | | | | | | | | | | | | |
| | Crash Scene | | | | | | | | | | ı | |
| | First Harmful Event | | | | | First Harm | ful Event Le | ootion | | | _ | |
| | | IAI (AI I\/E\ | | | | First Harmful Event Location | | | | | | |
| | NON DOMESTICATED ANIM | IAL (ALIVE) | | | | ON ROADWAY | | | | | _ | |
| | Manner of Collision | | | | | Light Condition | | | | | | |
| | 00 - NO COLLISION W/VEHI | CLE IN TRANSP | ORI | | | | | | | | | |
| | Road Surface Condition(s) | | | | | Roadway F | Factor(s) | | | | | |
| | | | | | | | | | | | | |
| | For the ground Forter(s) | | | | | _ | | | | | | |
| | Environment Factor(s) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Weather Condition(s) | | | | - | | | | | | | |
| | Treamer Containen(c) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Animal Type | | | | | | Relation To Trafficway | | | | | |
| | DEER | | | | | TRAFFICWAY - ON ROAD | | | | | | |
| | Crash Classification - Location | | | | | Crash Classification - Jurisdiction | | | | | | |
| | PUBLIC PROPERTY Tribal Land | | | | | NO SPEC | CIAL JURI | SDICTION | | | | |
| | | | | | | Access Control | | | | Special Study | - | |
| | | | | | | | | | | | | |
| | Unit Summary | | | | | l | | | | ı | | |
| | | | I \/ok | niala Onar | oting As C | logoification | | 1 1 to 2 To 2 to 2 | | | _ | |
| | | | | Vehicle Operating As Classific | | | | | Unit Type | | | |
| | IN TRANSIT | D | D CLASS | | | | | AUTOMOBILE Operating As Endorsements | | | | |
| _ | Vehicle Type | | | | | | | Operating . | As Endorser | ments | | |
| - | (SPORT) UTILITY VEHICLE | | | | | | | | | | | |
| | Total Occs Train/Bus # Recorded 4 | | | Total # Citations Issued | | Total Ti | | | | Mat Types | | |
| | | | | | | 0 | | 0 | | | | |
| | Insurance? Direction Of Travel YES WESTBOUND | | | Pre CrashTire | | ! | Speed Limit | | Total Lan | es | | |
| = | YES | | Mark | | | | | | | | | |
| Ž | No. o | | | | pecial Function | | | Emergency Motor Vehicle Use | | | | |
| ر | NON DOMESTICATED ANIMAL (ALIVE) | | | NO SPECIAL FUNCTION | | | | NOT APPLICABLE | | | | |
| | Traffic Way | | | Traffic Control | | | | Traffic Control Inoperative/Missing | | | - | |
| | | | | | | | | | | - | | |
| | Surface Type | urface Type | | | Road Curvature | | | Road Grade | | | - | |
| | | | - | | | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 3

Crash Date 11/07/2023
Crash Time 05:21 PM

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| | Truck Bus or HazMat | | | | | | | | | |
|------|--------------------------------|---|---------------|--|---------------|-----------------------------------|--|--|--|--|
| | , | Vehicle | | | | | | | | |
| | | License Plate Number APF6969 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | | | | |
| ٤ | 2 | Vehicle Identification Number 3C4PDCGG6FT645254 | | Make DODGE | Year 2015 | Model JOURNEY CR | | | | |
| | | Color BLU - BLUE | | Body Style LL - CARRYALL | | Bus Use | | | | |
| LIND | VEHICLE | Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE | | Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | | | | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLIN | IG DAMAGE | Vehicle Removed By | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | Driver Prior Action Other | | 1 | - | | | | | |
| TINO | VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | | |
| 2 | 6 | | | | | | | | | |
| ⊨ | | Policy Holder | | | | | | | | |
| HNU | | Insurance Company STATE-FARM-GENERAL-II | NS-CO | Individual SCOTT ERICKSON | | | | | | |
| | | ndividual | | | | | | | | |
| | ب | Driver SCOTT ERICKSON (608) 393-2770 | | Citations Issued 0 | Sex MALE | | | | | |
| L | DUA | (606) 393-2770 | | Date of Birth | Race WHITE | | | | | |
| TIND | INDIVIDUAL | Address 1170 OAK ST PLAIN, WI 53577, US | | Driver License Number | | | | | | |
| | On Duty Crash Safety Equipment | | | Safety Equipment | | | | | | |
| | | Row | Seat Position | SHOULDER & LAP BELT | | | | | | |
| | 100 | Helmet Use | | Helmet Compliance | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| 5 | | Injury Seventy NO APPARENT INJURY | | Airbag | | | | | | |
| | | | Ejection Path | Trapped/Extricated | | | | | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run# | | | | |
| | | Hospital | | Date of Death | | Time of Death | | | | |

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2 of 3

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| | | Distracted By | Distracted By Source |) | | | | | |
|------|------------|-----------------------------------|----------------------|-------------------|-----------------------|--|----------------------|----------------|--|
| | | Distracted By Action | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | |
| | | Prior Action | | | | | | | |
| | | Action | | | | | | | |
| L | UAL | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | |
| | Ĭ | | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | | | | | | | | | |
| | L | Drug & Alcohol NO | | | Suspected Drug Use NO | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | 1 | | Alcohol Test Results | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results | | | | |
| 2 | 001 | Drug Type | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | | | | | | | | |
| | | APPEARED NORM | MAL | | | | | | |