6TL0CTJN43 23-12108

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 23-12108			Investigating Officer/Deputy DEPUTY A. KULAS				
43	Crash Date 11/08/2023	Crash Time 04:59 PM			Date Arrived		Time	Time Arrived			
<u>Z</u>	Date Notified Time Notified 11/08/2023 04:59 PM			Total Units 01			Tota	Total Injured Total Killed			
0CTJN43	1 1		Lane Closu				☐ Trailer or Towed		Reporting Threshold		
6TL(Government Active School Zone		Zone	School Bus Related			Tag	Tags			
9	Property Crash Type NON-DOMESTICATED A			NO NIMAL W/ NO INJURY				Amended		Secondary Crash	
	, a sworn law enforcement	at I have no	ve not added any CJIS data in this report.						<u> </u>		
ĺ											
ł	ON STH60 WB 0.28 MI W					Latitude 43.231430892			Longitud		
	OF CASSELL RD								-89.858918882		
	IN THE TOWN OF TROY			X Coordinate 267844.62						Y Coordinate 4790484	
	IN SAUK COUNTY					Structure Type			1		
						NO STRUCTURE					
(Crash Scene										
1	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIO	CLE IN TRANSPOR	Т			Deadway	Footor(a)				
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land			Access Contro		ontrol			Special Study		
	Unit Common and										
	Unit Summary Unit Status		Vehi	cle Opera	ting As C	lassification		Unit Type			
	IN TRANSIT D CLASS				ung 710 0	idoomodiion		TRUCK			
_	Vehicle Type					Operating As Endorsements					
01	UTILITY TRUCK/PICKUP TRUCK										
				Total # Citations Issued			Total Trai	lers		Mat Types	
	2	Direction Of Travel	0				0 Speed Lir	nit	0 Total Lane	20	
_		WESTBOUND		Pre CrashTire Mark		Opeed Lilli		i otal Lailes		25	
LINO	Most Harmful Event: Collision With			cial Functi	on				Emergency Motor Vehicle Use		
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION					LICABLE		
	Traffic Way			Traffic Control			Traffic		Control Inoperative/Missing		
	Surface Type				Road Curvature			Road Grade			
	Curiace Type				oau ourvature			Nodu Orace			

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	Truc	k Bus or HazMat							
	,	Vehicle							
	VEHICLE 01	License Plate Number PZ8364	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES				
2		Vehicle Identification Number 3GCUKREC1HG445289	Make CHEVROLET	Year 2017	Model SLV				
		Color GRY - GRAY	Body Style PK - PICKUP		Bus Use				
LIND		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 5 4 3 2 1						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By NACHREINER TOWING						
		What Driver Was Doing Driver Prior Action Other	Vehicle Factors	Vehicle Factors					
		Driver Actions							
UNIT	VEHICLE	NO CONTRIBUTING ACTION							
01	10	Owner Name	Owner Address						
LIND		Policy Holder Insurance Company Individual							
)		PROGRESSIVE-CLASSIC-INS-CO							
	DIVIDUAL	Driver	Citations Issued						
		KIMBERLY KNIGHT (608) 739-1649	0 Date of Birth	Race WHITE					
LINO		Address 703 CLYDE ST AVOCA, WI 53506 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment					
		Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT					
	100	Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
5		Injury Severity 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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		Distracted By	Distracted By Source	,					
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	Ξ								
		Action Other						To/From School	
	Drug & Alcohol NO			se	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	1	Alcohol Test Type			Alcohol Test Results		
•		Drug Test Given TEST NOT GIVEN	l	Drug Test Type	Drug Test Resul		5		
2	001	Drug Type							
		Individual Condition							
		APPEARED NORM	MAL						