## 6TL0F51TJZ

23-12207

### 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 C 23-1220					Investigating Officer/Deputy SERGEANT E. KNULL						
N	Crash Date Crash Time 11/11/2023 12:48 PM				Date Arrived Total Units 01			Time Arrived					
.0F51TJZ	Date Notified 11/11/2023	Time Notified 12:48 PM		Total Inju <b>00</b>					njured Total Killed 00				
ЦО	On Emergency	Hit	and Run	Lane Closu	ure		Work	< Zone		Trailer or To	owed	Reporting Threshold	
6TL	Government Property		Active Sc	nool Zone	School I NO	Bus R	elated	t	Ταξ	js			
	Crash Type           NON-DOMESTICATED				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.												
1	Location												
ī	ON STH23 EB						T	Latitude			Longitud	0	
	667 FT N								702		•		
								43.26199793			-90.058	.058035746	
	OF OLD 23 IN THE TOWN OF FRANKLIN IN SAUK COUNTY				X Coordinate 251798.890625				25 Y Coord 479445				
						Structure Type NO STRUCTURE							
-	Crash Scene												
T	First Harmful Event							_					
						First Harmful Event Location ON ROADWAY							
	NON DOMESTICATED		AL (ALIVE)										
	Manner of Collision							Light Condition					
	00 - NO COLLISION W/	VEHIC	LE IN TRANSP	VORT									
	Road Surface Condition(s)							Roadway Factor(s)					
	Environment Factor(s)												
	Weather Condition(s)	Neather Condition(s)											
	Animal Turne							Polotion To Trofficerov					
	Animal Type												
	DEER							TRAFFICWAY - ON ROAD					
	Crash Classification - Location PUBLIC PROPERTY							Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Tribal Land								RISDICTION		Created Chudu		
								Access Control				Special Study	
L I	Unit Summary												
	Unit Status Vehicle Operating As C						As Cla	Classification Unit Type					
	IN TRANSIT D CLASS						TRUCK						
	Vehicle Type							Operating As Endorsements					
6										oporating	e Enderser	nonio	
	Total Occs	led Tota	Total # Citations Issued			Total Traile		ilers Total HazM		Mat Types			
	1			s # Recorded Total # Citations I 0			sucu	0 I I I I I I I I I I I I I I I I I I I		0		inder Typeo	
	Insurance?		irection Of Travel					Creedling				es	
⊢	YES		IORTHBOUND		Pre CrashTire								
UNIT	Most Harmful Event: Collision With				Special Function			I		Emergency Motor Vehicle Use		cle Use	
5	NON DOMESTICATED ANIMAL (ALIVE)				NO SPECIAL FUNC			TION		NOT APPLICABLE			
	Traffic Way			Traf	Traffic Control					Traffic Cont	Traffic Control Inoperative/Missing		
ĺ	Surface Type			Roa	Road Curvature			Road Gra		Road Grade	le		
l													

NO

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 1 of 3 Crash Date 11/11/2023 Crash Time 12:48 PM

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

	Truc	uck Bus or HazMat									
		Vehicle									
		License Plate Number TN9919		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES					
2	5	Vehicle Identification Number 3GCUKREC6FG262841		Make CHEVROLET	Year 2015	Model SILVERADO					
		Color		Body Style		Bus Use					
	ш	GRY - GRAY Initial Contact Point		PK - PICKUP Vehicle Damage							
╘	VEHICLI	01 - RIGHT FRONT CORNER	2	01 - RIGHT FRONT CORNER, 12 - FRONT							
UNIT		Extent Of Damage FUNCTIONAL DAMAGE									
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR							
		What Driver Was Doing		Vehicle Factors							
		Driver Prior Action Other		4							
	щ		Driver Actions NO CONTRIBUTING ACTION								
UNIT	VEHICLE										
Þ	μ										
		Owner Name		Owner Address							
5	5										
	0										
F		Policy Holder									
UNIT		Insurance Company MILLER HARTWIG INS		Individual CALVIN ANDERSO	N						
	INDIVIDUAL	ndividual									
		Driver CALVIN ANDERSON	1	Citations Issued 0							
		(608) 583-5111		Date of Birth	Race WHITE						
UNIT		Address		Driver License Number							
		33533 JAY LN LONE ROCK, WI 53556, US	5								
	Sat	fety Equipment	ash	Safety Equipment	Safety Equipment						
		Row	Seat Position	SHOULDER & LAP	BELT						
	001	Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
				Airbag							
6		Injury Seventy NO APPARENT INJURY									
		Ejected Ejection Path		Trapped/Extricated							
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #					
		Hospital		Date of Death		Time of Death	Time of Death				
			This and		10 4-4-		ata 11/11/2023				

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data.  $\begin{array}{cc} 2 & \text{of} & 3 \end{array}$ 

Crash Date 11/11/2023 Crash Time 12:48 PM 6TL0F51TJZ

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		Distracted By Source								
		Distracted By Action								
		Non Motorist	Location							
		Prior Action								
		Action								
	۹L									
⊑	DO									
UNIT	INDIVIDUAL									
	Z									
		Action Other					To/From School			
	l	Drug & Alcohol NO	se	Suspected Drug Use						
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		Alcohol Test Results					
		Drug Test Given	Drug Test Type		Drug Test Results					
		TEST NOT GIVEN								
0	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								