6TL0D942B5

23-12449

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 23-12449			Investigating Officer/Deputy DEPUTY M. PETERSON				
B 5	Crash Date 11/18/2023	Crash Time 07:00 PM		Date Arrived		Time	Time Arrived				
0D942B	Date Notified 11/18/2023	Time Notified 07:01 PM		Total Units 01		Total		I Injured Total Killed 00		I	
0-	On Emergency Hi	Hit and Run Lane Closure Work Zone				railer or Towed Reporting Threshold					
6TL	Government Property	hool Zone	School Bus Related NO			Tags	Tags				
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			Amended			Seconda Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
i	Location										
Ī	ON CTHO WB					Latitude Longitude					
	0.40 MI E					43.27776	31277		-89.919283027		
	OF CTHC WB					X Coordin	ate		Y Coordinate		
	IN THE TOWN OF TROY					263122.375			_	4795799	
	IN SAUK COUNTY					Structure			110010		
						NO STR					
	Crash Scene										
1							nful Event Lo	ocation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
ŀ	Manner of Collision	, ,				Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSF	PORT			Light Condition					
ŀ	Road Surface Condition(s)					Roadway	Factor(s)				
						1.000.00					
Ī	Environment Factor(s)										
	Weather Condition(s)										
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
ŀ	Tribal Land				Access Control Special Study						
							j spania stady				
L	Unit Commons										
	Unit Summary Unit Status		LVoh	icle Operat	ting As C	laccification		Linit Tuno			
				chicle Operating As Classification			Unit Type TRUCK				
	IN TRANSIT D CLASS Vehicle Type					Operating As Endorsements					
7	· · · · · · · · · · · · · · · · · · ·							Operating F	AS Endorser	nents	
)	UTILITY TRUCK/PICKUP TRUCK						Total Trailers Total HazMat Types			M . T	
	Total Occs Train/Bus # Recorded			Total # Citations Issued 0		0				wat rypes	
	1	D' '' OLT						0			
		Direction Of Travel	' I_	Pre CrashTire		Speed L		imit Total Land		28	
<u></u> ⊨ l	YES WESTBOUND				ark			I Emergency Motor Vehicle Lies			
LIND	Most Harmful Event: Collision With			cial Function		TION		Emergency Motor Vehicle Use NOT APPLICABLE			
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION							
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing				
}	Surface Type			Road Curvature				Road Grade			
	21			Thoda Gui valui 6							

Crash Date 11/18/2023 1 of 3 Crash Time 07:00 PM

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	Truc	k Bus or HazMat							
Vehicle									
01		License Plate Number TX6713	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES				
	VEHICLE 01	Vehicle Identification Number	Make	Year	Model				
•		1FTEW1E54JKD85860 Color	FORD Body Style	2018	F150 Bus Use				
		BLK - BLACK	PK - PICKUP						
LIND		Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE	Vehicle Damage O1 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT T 8 9 10 11 5 4 3 2 1						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
LIND	VEHICLE								
		Owner Name	Owner Address						
2	6								
<u>⊢</u>		L Policy Holder							
LND		Insurance Company AMERICAN-FAMILY-INS-CO	Individual DYLAN HERBRAN	D					
	INDIVIDUAL	Individual							
		Driver DYLAN HERBRAND	Citations Issued 0	Sex MALE					
_			Date of Birth	Race WHITE					
LIND		Address 8190 BALLWEG RD DANE, WI 53529 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment					
		Row Seat Position	SHOULDER & LAP BELT						
•	001	Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
2		Injury Severity 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 Source									
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	INDIVIDUAL								
⊢)U								
LNO	7								
>									
	Z								
ļ								T	
		Action Other						To/From School	
			Suspected Alcohol U	Se Se	Suspected Drug Use				
	Drug & Alcohol				NO				
				Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
l _	_	Drug Type							
2	001	3 71							
		Individual Condition							
		APPEARED NORM	ЛАІ						
		AFFEARED NOR	MAL.						
I									