6TL0CBQ6S9 23-12611

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #	0 ,	Agency Crash Number 23-12611			Investigating Officer/Deputy DEPUTY A. JAHNKE			
339	Crash Date 11/22/2023	Crash Time 09:15 PM	Date Ar	Date Arrived		Time	Time Arrived			
2	Date Notified Time Notified		Total U	nits			Injured	Total Killed	1	
BQ6	11/22/2023	09:18 PM	01	1		00		00		
0C	On Emergency Hi	t and Run Lane (Closure	ure Work Zone					Reporting Threshold	
6TL	Government Property	NO NO	School Bus Related NO			Tags				
	✓ Reportable	Crash Type NON-DOMESTICATED A	ANIMAL W/ N	O INJUF	RY		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
i	Location									
ł	ON USH12 WB				Latitude Longitude				le	
	0.64 MI N				43.360923013		-89.768636799		636799	
	OF USH12 WB IN THE TOWN OF SUMPTER)			X Coordin	ate		Y Coord		
	IN SAUK COUNTY	1			275653.1	275653.1875 4804619				
					Structure NO STR	Type UCTURE				
(Crash Scene									
ı						nful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA					
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway	Factor(s)				
	For the second For the state (a)									
	Environment Factor(s)									
	Weather Condition(s)				1					
	, ,									
	Animal Type				Relation To Trafficway					
	DEER Crash Classification - Location				TRAFFICWAY - ON ROAD					
	PUBLIC PROPERTY			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
	Tribal Land				Access Control		Special Stu		Special Study	
	Tribal Land								Special Glady	
	Unit Cummany									
	Unit Summary Unit Status		I Vahicle Oper	ating As C	lassification	1	Unit Type			
				Vehicle Operating As Classification D CLASS		•	Unit Type AUTOMOBILE			
	Vehicle Type						Operating As Endorsements			
01	(SPORT) UTILITY VEHICLE									
	Total Occs	Total # Citations Issued		Total Trai		ilers Total HazMat Types		Mat Types		
	1		0		0		0		•	
	Insurance?	nce? Direction Of Travel		Pre CrashTire Spee		Speed Lim	eed Limit Total I		es	
⊢	YES WESTBOUND		Mark							
LINI	Most Harmful Event: Collision With NON DOMESTICATED ANIM.	Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE				
	Traffic Way	Traffic Control			Traffic Control Inoperative/Missing		tive/Missing			
	Surface Type	Pond Comet				L Dood Crade				
	ошнасе туре	Road Curvature				Road Grade				

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	Truck Bus or HazMat								
	Vehicle								
		License Plate Number	Plate Type	St	Country of Issuance				
10	VEHICLE 01	AMU3462	AUT - AUTOMOBILE	WI	UNITED STATES				
		Vehicle Identification Number JF2SKALC1MH541758	Make SUBARU	Year 2021	Model FORESTER				
		Color GRY - GRAY	Body Style UT - SPORT UTILITY	Body Style UT - SPORT UTILITY VEHICLE Bus Use NOT A BUS					
		Initial Contact Point	Vehicle Damage						
L		11 - LEFT FRONT CORNER	10 - LEFT SIDE FRO	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT Vehicle Removed By					
5		Extent Of Damage DISABLING DAMAGE							
		Towed Due To Damage							
		TOWED DUE TO DISABLING DAMAGE	ELITE TOWING						
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	Vehicle Factors NOT APPLICABLE					
		Driver Prior Action Other	NOT APPLICABLE						
		Driver Actions							
_	쁘	NO CONTRIBUTING ACTION							
LND	VEHICLE								
_	VE.								
		Owner Name	Owner Address						
_	_	owner realise	owner / tadroco						
6	6								
_									
LNO		Insurance Company	Individual						
_		STATE-FARM-GENERAL-INS-CO TYLER HOWE Individual							
	DIVIDUAL	Driver	Citations Issued Sex						
		TYLER HOWE	0	0 MALE Date of Birth Race WHITE					
		(828) 226-3776	Date of Birth						
EN S		Address	Driver License Number	Driver License Number					
⋽		631 N PARK ST		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Z	REEDSBURG, WI 53959 , US	STATE: WISCONSI						
	Sa	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment					
	Sai	Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT					
	001	NOW Seat Position	OHOGEDER & EAL						
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance	Tint Compliance					
_		Injury Severity	Airbag	Airbag					
2		Injury NO APPARENT INJURY Ejected Ejection Path		Trapped/Extricated					
		Ejection Fatti			11appeu/Lxtiicateu				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #				
		Hospital	Date of Death		Time of Death				

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Crash Date 11/22/2023

Crash Time 09:15 PM

		Distracted By	Distracted By Source						
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	JAL								
UNIT	INDIVIDUAL								
		Action Other						To/From School	
	ı	Drug & Alcohol NO			Suspected Drug Use NO				
		Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN			e Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results				
10	001	Drug Type							
		Individual Condition							
	APPEARED NORMAL								