6TL0CR2KT8 23-12792

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 23-12792				Investigating Officer/Deputy DEPUTY Z. DRILL			
OCR2KT8	Crash Date 11/28/2023	Crash Time 05:50 PM		Date Arrived		Tim	Time Arrived				
	Date Notified 11/28/2023	Time Notified 05:53 PM			Total Units 01		Total		Total Killed	i	
	On Emergency Hi	and Run Lane Close		ure	re Work Zone			Trailer or Towed		Reporting Threshold	
eTL	Government Property	nool Zone	School Bus Related NO			Tag	Tags				
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			Amended			Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ì	Location										
Ī	ON RIVERVIEW RD/ CTHV N	IB				Latitude Longitude					
	942 FT S				43.54840)1413		-90.015999826			
	OF BARBARA ANN DR					X Coordinate		Y Coordinate		inate	
	IN THE TOWN OF REEDSBU	JRG				256362.515625			_	4826137	
	IN SAUK COUNTY					10001010010					
						NO STR					
	Crash Scene										
ī	First Harmful Event					First Harm	nful Event L	ocation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
ŀ	Manner of Collision	, ,				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	ORT								
ŀ	Road Surface Condition(s)					Roadway	Factor(s)				
	Tiodd Garlatio Gorialion(e)				,	()					
ŀ	Environment Factor(s)										
ı	Weather Condition(s)										
	Animal Type				Relation To Trafficway TRAFFICWAY - ON ROAD						
ŀ	DEER Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land				Access Control Special Study						
ا	Unit Comment										
	Unit Summary Unit Status		I V/oh	iala Oparat	ing As C	lassification		I 11-2 T			
				ehicle Operating As Classification				Unit Type			
	IN TRANSIT D CLASS					AUTOMOBILE Operating As Endorsements					
01	Vehicle Type (SPORT) LITH ITY VEHICLE							Operating /	As Endorser	nents	
_	(SPORT) UTILITY VEHICLE						Total Trailers Total HazMat Types			MIT	
	otal Occs Train/Bus # Recorded		1 ota	Total # Citations Issued 0		l otal Irail		llers Total Haz		mat rypes	
ŀ	1 Insurance?	· · · · · · · · · ·		Pre CrashTire		0 11:				es	
╘│	YES NORTHBOU										
LIND	Most Harmful Event: Collision With			Special Function			TION		Emergency Motor Vehicle Use		
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION				NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			

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Crash Date 11/28/2023

Crash Time 05:50 PM

	Truc	k Bus or HazMat							
	,	Vehicle							
01		License Plate Number C906725	Plate Type	St IL	Country of Issuance UNITED STATES				
	VEHICLE 01	Vehicle Identification Number	Make	Year	Model				
		3GYFNEE32FS518151	CADILLAC	2015	SRX				
•		Color	Body Style						
		BRZ - BRONZE	4D - 4DR						
 -		Initial Contact Point 12 - FRONT	Vehicle Damage						
LIND		Extent Of Damage	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1						
_ر		FUNCTIONAL DAMAGE							
•		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions							
 -	VEHICLE	NO CONTRIBUTING ACTION							
LND	呈								
_ ا	ΛĒ								
		Owner Name	Owner Address	Owner Address					
2	7								
 -		Policy Holder							
LNO		Insurance Company Individual							
_		ENCOMPASS-INSURANCE-CO-OF-AMERICA JAMES WALSH							
		Individual							
		Driver JAMES WALSH	Citations Issued 0	Sex MALE					
		(630) 620-5314	Date of Birth	Race					
⊨	2								
L N N	DIVIDUAL	Address 26 E GROVE ST	Driver License Number						
	Ĭ	LOMBARD, IL 60148 , US	STATE: ILLINOIS COUNTRY: UNITED STATES						
	0-	On Duty Crash	Safety Equipment						
	Safety Equipment								
		Row Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
•		Eye Protection	Tint Compliance						
		Injury Severity	Airbag						
2	90	Injury Seventy NO APPARENT INJURY	Allvay						
		Ejected Ejection Path	Trapped/Extricated						
			T						
		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							
_	UAL								
LNU	INDIVIDUAL								
	IND								
		Action Other						To/From School	
								TO/T TOTAL SCHOOL	
	Drug & Alcohol NO				Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results				
6	001	Drug Type							
		Individual Condition							
		APPEARED NORM	AL						