

6TL0DJJ8XC  
24-01232

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>24-01232</b>		Investigating Officer/Deputy <b>DEPUTY J. TROTH</b>	
Crash Date <b>02/03/2024</b>		Crash Time <b>11:47 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>02/03/2024</b>		Time Notified <b>11:47 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

### Location

<b>ON QUARRY RD 0.36 MI W OF EXCELSIOR DR IN THE TOWN OF EXCELSIOR IN SAUK COUNTY</b>	Latitude <b>43.493334002</b>	Longitude <b>-89.893908345</b>
	X Coordinate <b>266012.8125</b>	Y Coordinate <b>4819670</b>
	Structure Type	

### Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition	
Road Surface Condition(s)		Roadway Factor(s)	
Environment Factor(s)			
Weather Condition(s)			
Animal Type <b>DEER</b>		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control	Special Study

### Unit Summary

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>					Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes		
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing		
	Surface Type		Road Curvature		Road Grade		

NO

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.

1 of 3

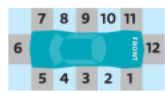
Crash Date **02/03/2024**  
Crash Time **11:47 PM**

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		Truck Bus or HazMat	
01	UNIT	<b>Vehicle</b>	
		License Plate Number <b>5616BH0</b>	Plate Type <b>LTK - LIGHT TRUCK</b>
		Vehicle Identification Number <b>3GCUKREC9JG255505</b>	Make <b>CHEVROLET</b>
		Color <b>MAR - MAROON (BURGUNDY)</b>	Year <b>2018</b>
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Model <b>1500</b>
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	Body Style <b>PK - PICKUP</b>
		Towed Due To Damage <b>NOT TOWED</b>	Bus Use
		What Driver Was Doing	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT</b>
		Driver Prior Action Other	Vehicle Removed By
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Factors
Owner Name	Owner Address		
01	UNIT	<b>Policy Holder</b>	
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>DYLAN BLASER</b>
		<b>Individual</b>	
01	UNIT	Driver <b>DYLAN BLASER</b> <b>(256) 589-1620</b>	Citations Issued <b>0</b>
		Address <b>106 PLEASANT ST</b> <b>NORTH FREEDOM, WI 53951 , US</b>	Sex <b>MALE</b>
		On Duty Crash	Date of Birth
		Safety Equipment	Race <b>WHITE</b>
		Row	Seat Position
		Helmet Use	Driver License Number
		Eye Protection	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Injury Severity <b>NO APPARENT INJURY</b>	Helmet Compliance
		Ejected	Tint Compliance
		Medical Transport <b>NOT TRANSPORTED</b>	Airbag
Hospital	Ejection Path		
	Trapped/Extricated		
	EMS Agency Identifier		
	EMS Run #		
	Date of Death		
	Time of Death		



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<b>UNIT</b>	<b>Distracted By</b>	Distracted By Source		
		Distracted By Action		
	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action		
	<b>INDIVIDUAL</b>	Action		
		Action Other		To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	<b>01</b>	<b>001</b>	Drug Type	
Individual Condition <b>APPEARED NORMAL</b>				