6TL0C9H5N9 24-03893

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Docume	Primary Crash Document #		Agency Crash Number 24-03893			Investigating Officer/Deputy SERGEANT M. TATE			
6 N	Crash Date 04/20/2024	Crash Time 01:15 AM			Date Arrived		Time	Time Arrived			
9H5	Date Notified 04/20/2024	Time Notified 01:17 AM		Total Units 01			Total 00		jured Total Killed 00		
6TL0C9H5N9	On Emergency	Hit and Run	ane Clos			rk Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Property Active School Zone			NO School	I Bus Related Tag			3			
	✓ Reportable	TED ANIM	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.										
i	Location										
į	ON CTHH WB					Latitude Longitude					
	292 FT N					43.563076445		-89.97257			
	OF N DEWEY AVE										
	IN THE TOWN OF WINFIELD IN SAUK COUNTY					X Coordina 259929.2			Y Coordinate 4827640.5		
				Structure Type NO STRUCTURE							
	Crash Scene										
1	First Harmful Event					I =: 1 1	f				
						First Harmful Event Location					
	NON DOMESTICATED AN	MAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Cond	dition				
	00 - NO COLLISION W/VEH	IICLE IN TRANSPORT									
	Road Surface Condition(s)					Roadway I	Factor(s)				
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Tuna					D. C. T. T. W.					
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	PUBLIC PROPERTY							PDICTION			
	Tribal Land					Access Control				Special Study	
- (Unit Summary										
	Unit Status Vehicle Operating As					Classification Unit Type					
	IN TRANSIT			D CLASS				AUTOMO			
_	Vehicle Type					Operating As Endorsements					
0	PASSENGER CAR										
	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Trai		ers Total HazMat Types		Mat Types	
	1		0				0		0		
	Insurance?	Direction Of Travel		Pre CrashTire			Speed Lim		t Total Lanes		
ᆸ	YES	WESTBOUND	Pre Crash lire Mark			' '					
UNIT	Most Harmful Event: Collision With Special Function							Emergency Motor Vehicle Use			
5	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA		TION		NOT APPLICABLE			
	NON DOMEOTIONTED ANIMAE (ALIVE)							Traffic Control Inoperative/Missing			
				Traffic Control				Traine Condoi moperative/iviissing			
	Surface Type			Road Curvature				Road Grade			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 04/20/2024
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	Truck Bus or HazMat									
	,	Vehicle								
	VEHICLE 01	License Plate Number KC9TOM		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
٤		Vehicle Identification Number JTDBU4EE8DJ116037		Make TOYOTA	Year 2013	Model COROLLA				
		Color RED - RED		SD - SEDAN	Body Style Bus Use SD - SEDAN					
TINO		Initial Contact Point 12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 7 8 9 10 11 12 CORNER, 12 - FRONT CORNER, 12 - FRONT 7 8 9 10 11 6 12 12 5 4 3 2 1						
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
TINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
۶	10	Owner Name		Owner Address						
•	0									
Policy Holder										
FIND		Insurance Company ERIE-INS-CO		Individual THOMAS PLOUFFI						
		ndividual								
	INDIVIDUAL	Driver THOMAS PLOUFFE		Citations Issued 0	Sex MALE					
L				Date of Birth	Race WHITE					
TIND		Address 1705 COTTONTAIL LN # 1 REEDSBURG, WI 53959 , US		Driver License Number						
	Sat	On Duty	Safety Equipment	Safety Equipment						
		Row	Seat Position	SHOULDER & LAP	OULDER & LAP BELT					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
2	001	Injury Seventy 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 Distracted B	By Source					
		Distracted By Action						
		Non Motorist Striking Unit	t# Location					
		Prior Action						
		Action						
	JAL							
LIND	INDIVIDUAL							
	N							
							T	
		Action Other					To/From 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	<u> </u>		
2	001	Drug Type			1			
		Individual Condition						
		APPEARED NORMAL						