#### 6TL0BC3B95 24-13100

## 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 24-13100			Investigating Officer/Deputy  DEPUTY W. VERTEIN				
36	Crash Date 11/14/2024	Crash Time 05:30 PM		Date Arrived		Time	Time Arrived				
C3B	Date Notified 11/25/2024	Time Notified 01:43 PM			Total Units <b>01</b>		Tota	Total Injured Total Kille 00 00		I	
OB	On Emergency Hi	t and Run La	ne Closur			rk Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Property	200	School Bus Related NO			Tags	Tags				
	<b>✓</b> Reportable	ED ANIMA	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.										
Ī	Location										
	ON CTHW EB					Latitude Longitude				le	
	0.27 MI W				43.438436278			-89.921529819			
	OF CTHDD EB IN THE TOWN OF FREEDOM	1				X Coordinate			Y Coord	Y Coordinate	
	IN SAUK COUNTY	l				263565.3	263565.3125 4813651				
						Structure <sup>-</sup>	Туре		<u> </u>		
						NO STR	UCTURE				
	Crash Scene										
1	First Harmful Event					Firet Harm	ıful Event L	ocation			
		ΔΙ (ΔΙΙΝΈ)				First Harmful Event Location ON ROADWAY					
ŀ	NON DOMESTICATED ANIMAL (ALIVE)  Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT				Light Condition					
ŀ	Road Surface Condition(s)					Roadway	Factor(s)				
						redundy radios(o)					
Ī	Environment Factor(s)										
ŀ	Weather Condition(s)										
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction					
PUBLIC PROPERTY						NO SPECIAL JURIS		ISDICTION			
ĺ	Tribal Land				Access Control Special Study						
Į											
	Unit Summary ——		11/ 11		ı: A O			T			
	Unit Status  Vehicle Operating A				ting As C	Jassification		Unit Type			
	IN TRANSIT D CLASS  Vehicle Type					AUTOMOBILE Operating As Endorsements					
01	(SPORT) UTILITY VEHICLE							Operating /	45 Elidoisei	nents	
	Total Occs Train/Bus # Recorded Total # Citations Issu					d Total Trai		_  ilers		Mat Tynes	
	1	Train/Das # Necoraca	0	# Citatioi	is issueu		0	CIS	0	wat Types	
		Direction Of Travel	<b>—</b>	D== C	bT'-		Speed Lin	nit	Total Lane	es	
_		EASTBOUND		Pre CrashTire		,		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
LIND	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use		
<b></b>	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE		
ŀ	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
ŀ	Surface Type			Road Curvature				Road Grade			

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	Truc	k Bus or HazMat							
	,	Vehicle							
			Plate Type	St	Country of Issuance				
_			AUT	wı	UNITED STATES				
		Vehicle Identification Number	Make	Year	Model				
2	VEHICLE 01	1FMSK8DH8LGD14004	FORD	2020	XPL				
			Body Style Bus Use						
			UT - SPORT UTILITY VEHICLE						
١.			Vehicle Damage 7 8 9 10 11						
L N		01 - RIGHT FRONT CORNER	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE  Vehicle Removed By						
5		Extent Of Damage FUNCTIONAL DAMAGE							
			OPERATOR						
			Vehicle Factors						
		Ç							
		Driver Prior Action Other							
		Driver Actions							
	VEHICLE	123							
L	≌								
ן <del>ס</del>	苗								
	>								
		Owner Name	Owner Address						
_									
2	9								
_		Policy Holder							
LNU		Insurance Company ORGANIZATION/COMPANY							
⊃		CONTINENTAL-CASUALTY-CO-(C/O-CNA-LPS-CL EQUITY COOPERATIVE LIVESTOCK SALES							
		ndividual							
		DRIVER	Citations Issued	Sex					
	4	GARY WILLIAMS (608) 477-3770	0						
	ð	(600) 411-3110	Date of Birth	Race WHITE					
≒	DIVIDUAL		<u></u>	WHILE					
L	$\leq$	Address S4537 MIRROR LAKE RD	Driver License Number						
	Z	BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash	Safety Equipment						
	Sa	fety Equipment							
		Row Seat Position	SHOULDER & LAP I	BELT					
	001								
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
_		Injury Severity	Airbag						
01		Injury NO APPARENT INJURY							
		Ejected Ejection Path	Trapped/Extricated						
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED							
		Hospital	Date of Death		Time of Death				

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Crash Date 11/14/2024

Crash Time 05:30 PM

		Distracted By	Distracted By Source	,				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	Ξ							
		Action Other						To/From School
	Drug & Alcohol NO			se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	1	Alcohol Test Type	l		Alcohol Test Results	
•		Drug Test Given TEST NOT GIVEN	l	Drug Test Type	Drug Test Res			
2	001	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					