6TL0CX0QFC 25-09004

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 25-09004			Investigating Officer/Deputy DEPUTY K. MCCARTY			
E C	Crash Date 08/27/2025	Crash Time 03:49 AM	Date Ar	Date Arrived		Time	Time Arrived			
00	Date Notified 08/27/2025	Time Notified 03:49 AM	Total U	Total Units 01		Total 00		Injured Total Killed 00		
6TL0CX0QF	On Emergency H	it and Run Lane	Closure	sure Work Z			Trailer or T	owed	Reporting Threshold	
6TL	Government Property	School NO	School Bus Related NO			Tags				
	✓ Reportable	ANIMAL W/ N	IO INJUF	Y		Amended		Secondary Crash		
Ī	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
ì	Location									
į	ON STH23 EB				Latitude Longitude					
	1162 FT N				43.444519645				537332	
	OF MILL ST									
	IN THE TOWN OF WESTFIE	LD				X Coordinate		Y Coord		
	IN SAUK COUNTY				254363.0)3125		4814656.5		
					Structure 1	Туре				
	Crash Scene									
ì	First Harmful Event				Te:	() =				
	=	(nful Event Lo	cation			
l	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROADWAY					
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway	Factor(s)				
	Environment Factor(s)									
- 1	Weather Condition(s)									
	Weather Condition(s)									
ŀ	Animal Type				Relation To Trafficway					
	OTHER NON DOMESTICATED				TRAFFICWAY - ON ROAD					
ŀ	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY						DICTION			
ŀ	Tribal Land			Access Control		051011011		Special Study		
L	Unit Ourse and									
	Unit Summary		1771:1-0	ı: A 0			T			
				aung As C	lassification			Jnit Type		
	IN TRANSIT	D CLASS				TRUCK				
10	Vehicle Type				Operating As Endorsements					
0	UTILITY TRUCK/PICKUP TRUCK									
	Total Occs	al Occs Train/Bus # Recorded		Total # Citations Issued		Total Traile	I Trailers Total Haz 0		Mat Types	
	1		0		0)	
j	Insurance?	Direction Of Travel Pre Cras		rashTire	Tire		ed Limit To		es	
– l	YES EASTBOUND			Mark						
LIND	Most Harmful Event: Collision Wit	Special Function		ı		Emergency Motor Vehicle Use				
-	NON DOMESTICATED ANIM	NO SPECIA	AL FUNC	TION		NOT APPLICABLE				
ŀ	Traffic Way	Traffic Contro	ol .			Traffic Control Inoperative/Missing				
ł	Surface Type	Road Curvatu	ıre				Road Grade			
	••									

Crash Date 08/27/2025 Crash Time 03:49 AM

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8 12									
8 12									
8 12									
8 12									
3 2 1									
NO CONTRIBUTING ACTION									
Owner Address									
Policy Holder Insurance Company INDIVIDUAL									
DANIEL LAMARCHE									
ndividual									
MALE Race									
Driver License Number									
STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment									
					οαιστ γ Εγμηνιποτιτ				
					SHOULDER & LAP BELT				
Helmet Compliance									
Tint Compliance									
					Airbag				
Trapped/Extricated									
EMS Run #									

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Distracted By Source									
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	INDIVIDUAL								
⊢)U								
LNO	7								
>									
	Z								
ļ								T	
		Action Other						To/From School	
			Suspected Alcohol U	Se Se	Suspected Drug Use				
	L	Drug & Alcohol NO			NO				
ĺ				Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
l _	7	Drug Type							
2	001	3 71							
		Individual Condition							
		APPEARED NORM	ЛАІ						
		AFFEARED NOR	MAL.						
I									