6TL0BJ1GK1 20-02503

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Docur	Document # Agency Crash Nu 20-02503			mber	Investigating Officer/Deputy DEPUTY J. MACASKILL				
GK1	Crash Date 03/06/2020	Crash Time 06:50 PM		Date Arrived		Time	Time Arrived				
9	Date Notified	Time Notified		Total Units				Total Injured Total Killed			
<u>ئ</u>	03/06/2020 06:55 PM			01			00		00		
.0BJ1	On Emergency Hi	and Run Lane Close					Trailer or Towed		Reporting Threshold		
6TL	Government Active School Zon		I Zone	School Bus Related NO			Tags	Tags			
	✓ Reportable	ATED ANIM	ANIMAL W/ NO INJURY			Amended			Secondary Crash		
	✓ I, a sworn law enforcement	at I have no	e not added any CJIS data in this report.								
	ocation										
٠	ON CTHHH SB					Latitude		Longitud			
	801 FT S OF DORE RD				43.642539607				3261238		
	IN THE TOWN OF LYNDON					X Coordinate		Y Coord 483635			
	IN JUNEAU COUNTY					263468.34375			4030351.5		
						Structure Type					
	0										
,	Crash Scene					1					
	First Harmful Event	A1 (A1 IV/E)				First Harmful Event Location					
	NON DOMESTICATED ANIM Manner of Collision	AL (ALIVE)				ON ROADWAY					
	00 - NO COLLISION W/VEHIO	N E IN TO ANGROD	т			Light Condition					
	Road Surface Condition(s)	CLE IN TRANSFOR	.1			Roadway Factor(s)					
	Troad Surface Condition(s)					Noduway Factor(3)					
	Environment Factor(s)										
	Weather Condition(s)										
	Weather Condition(s)	veather Condition(s)									
	Animal Type DEER Crash Classification - Location					Relation To Trafficway					
						TRAFFICWAY - ON ROAD					
						Crash Classification - Jurisdiction					
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURI					
						Access Control				Special Study	
	Unit Summary ——										
	Unit Status Vehicle Operatir				ating As C	As Classification		Unit Type			
	IN TRANSIT D CLASS					AUTOMOBILE Operating As Endorsements					
01	Vehicle Type (SPORT) UTILITY VEHICLE							Operating A	s Endorsen	nents	
	Total Occs Train/Bus # Recorded Total # Citations Issue					d Total Ti		railers Total Hazl		Mat Tynes	
	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		0				0	ai Trailers		viat Types	
		Direction Of Travel		D== C:	l. T:		Speed Lin	nit	Total Lane	es	
_		NORTHBOUND		Pre CrashTire				. Jan. Edi			
UNIT	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use		
⊃	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE		
	Traffic Way			Traffic Control			Т		Traffic Control Inoperative/Missing		
	Surface Type				Road Curvature			Road Grade			

Crash Date 03/06/2020

Wisconsin Motor Vehicle Crash Form DT4000

Crash Time 06:50 PM

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	T	ruck Bus or HazMat							
	Huc	IK DUS OF MAZIVIAL							
		Vehicle							
		License Plate Number	Plate Type	St	Country of Issuance				
		ABV7730	AUT - AUTOMOBILE	WI	UNITED STATES				
_	_	Vehicle Identification Number	Make	Year	Model				
01	2	1FM5K8D85GGC83149	FORD	2016	EXPLORER				
	VEHICLE	Color	Body Style		Bus Use				
		GRY - GRAY	UT - SPORT UTILITY VE	HICLE					
		Initial Contact Point	Vehicle Damage	Vehicle Damage					
╘		01 - RIGHT FRONT CORNER							
UNIT	Ĭ	Extent Of Damage	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT						
ر	Æ	FUNCTIONAL DAMAGE							
		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Briver i noi Action Other							
		Driver Actions							
	111	NO CONTRIBUTING ACTION							
_	VEHICLE	NO CONTRIBUTING ACTION							
UNIT	\cong								
5	击								
	>								
		Owner Name	Owner Address						
10	5								
0	0								
_		Policy Holder							
UNIT		Insurance Company Individual							
5		PROGRESSIVE-CLASSIC-INS-CO	NICOLE MAGESKE						
		Individual							
			Citations Issued		Lo				
		Driver NICOLE MARIE MAGESKE			Sex				
	7	(608) 432-4773	0		FEMALE				
	Ž	(433) 132 1113	Date of Birth		Race WHITE				
╘	DIVIDUAL								
LINO	\geq	Address	Driver License Number	Driver License Number					
_		N609 HINRICH RD LYNDON STATION, WI 53944, US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	_	LINDON STATION, WI 33944 , 03							
	Co	On Duty Crash	Safety Equipment	Safety Equipment					
	Sal	fety Equipment							
		Row Seat Position	SHOULDER & LAP BI	ELT					
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
_	Ξ	Injury Severity	Airbag						
01	90	<i>Injury</i> no apparent injury							
		Ejected Ejection Path	Trapped/Extricated						
				-,					
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	J. 1, 11 1						
		Hospital	Date of Death	Date of Death Time of Death					
		•			1				

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Distracted By Source								
		Distracted By Action						
		Non Motorist Str	iking Unit #	Location				
		Prior Action						
		Action						
L	NAL							
LIND	INDIVIDUAL							
	N D							
		Action Other						To/From School
								To/From School
	Drug & Alcohol NO			se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN Alcohol Test Type		Alcohol Test F				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
5	001	Drug Type	I					
		Individual Condition						
		APPEARED NORMAL	L					