6TL0BFKDD0 20-06631

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash I	Primary Crash Document # Agency 20-066:		,		restigating Officer/Deputy EPUTY H. VOLZ					
20	Crash Date 07/08/2020	Crash Time 04:30 AM			Date Arrived		Tim	Time Arrived				
6TL0BFKDD	Date Notified 07/10/2020	Time Notified 12:26 PM			Total Units 01		Tota 00		Injured Total Killed 00			
0BI	On Emergency	Hit and Run	Lane Clos	ure	☐ Wo	rk Zone		Trailer or T	owed	Reporting Threshol	g d	
6T L	Government Active School Zone			School Bus Related NO			Tag	Tags				
	✓ Reportable	Crash Type NON-DOMES	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RYAmended			Seconda Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
Ī	Location											
ł	ON CTHN EB					Latitude Longitude						
	276 FT W					43.293466304				3010015		
	OF KNOB RD					X Coordinate		Y C(pordinate		
	IN THE TOWN OF FRANK	LIN							l l	4797961.5		
	IN SAUK COUNTY					Structure Type				4101001.0		
						Structure	Туре					
L												
(Crash Scene											
	First Harmful Event					First Harm	ful Event L	ocation				
	NON DOMESTICATED AN	IMAL (ALIVE)				ON ROADWAY						
İ	Manner of Collision				Liç			Light Condition				
	00 - NO COLLISION W/VE	HICLE IN TRANS	PORT									
İ	Road Surface Condition(s)					Roadway Factor(s)						
ļ	<u> </u>											
	Environment Factor(s)											
ŀ	Weather Condition(s)											
	weather Condition(3)											
İ	Animal Type				Relation To Trafficway							
	DEER				TRAFFICWAY - ON ROAD							
İ	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTIO Access Control		ISDICTION	V			
İ										Special Study		
į	Unit Summary											
	Unit Status		Veh	icle Operat	ting As C	lassification Unit Type						
				D CLASS					AUTOMOBILE			
ŀ	Vehicle Type					Operating As Endorsements						
6	PASSENGER CAR											
ŀ	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Trail		ailers Total Hazl		Mat Types		
	1			0		0				0		
ŀ	Insurance?						6 11:		Total Lane	es		
_	YES EASTBOUND			Pre CrashTire Mark			'					
LNO	Most Harmful Event: Collision With			Special Function			[Emergency Motor Vehicle Use			
\neg	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE			
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing			
				Traine Control								
	Surface Type			Road Curvature				Road Grade				
	·			Troda Odivataro								

Crash Date 07/08/2020
Crash Time 04:30 AM

Wisconsin Motor Vehicle Crash Form DT4000

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ı									
	Truc	k Bus or HazMat							
	,	Vahiala							
		Vehicle License Plate Number Plate Type St Country of Issuance							
		765HZG	AUT - AUTOMOBILE	WI	UNITED STATES				
		Vehicle Identification Number	Make	Year	Model				
2	2	1J4GL58K66W225984	JEEP	2006	LIBERTY LI				
		Color	Body Style	2000	Bus Use				
		TAN - TAN	UT - SPORT UTILITY VE	HICLE	Bus Ose				
	VEHICLE	Initial Contact Point	Vehicle Damage						
⊢		12 - FRONT	16 - VEHICLE NOT AT SCENE Vehicle Removed By						
UNIT		Extent Of Damage							
		VEHICLE NOT AT SCENE							
		Towed Due To Damage							
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		3		Vollide Lactors					
		Driver Prior Action Other							
		Driver Actions							
	щ	NO CONTRIBUTING ACTION							
╘	VEHICLE								
UNIT	Ĭ								
_	Ä								
		Owner Name	Owner Address						
_	_								
2	5								
_		Policy Holder							
LIND		Insurance Company	Individual						
5		PROGRESSIVE-CLASSIC-INS-CO	CHERYL ASTLE						
		Individual							
		Driver	Citations Issued		Sex				
		CHERYL L ASTLE		0 FEMALE					
	A	(608) 415-3962	Date of Birth		Race				
l∟	Ξ		Date of Birth		WHITE				
E S	DIVIDUAL	Address	Driver License Number						
⊃		12656 DIX LN							
	Z	CAZENOVIA, WI 53924 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash	Safety Equipment	Safety Equipment					
	Sa	fety Equipment	,						
		Row Seat Position	SHOULDER & LAP B	ELT					
İ		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance Airbag						
2	001	Injury Severity							
0	ŏ	Injury NO APPARENT INJURY	<u> </u>						
		Ejected Ejection Path		Trapped/Extricated					
		<u> </u>							
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED							
		Hospital	Date of Death		Time of Death				
			1						

Crash Date **07/08/2020**Crash Time **04:30 AM**

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Distracted By Source									
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	N N								
		Action Other						To/From School	
		Action Other						TO/FIOM SCHOOL	
	ı	Drug & Alcohol	Suspected Alcohol U NO	se	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			
10	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							