### 6TL0DBC3HK 24-09261

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [	-		Agency Crash Number 24-09261			Investigating Officer/Deputy DEPUTY B. TRAGER				
<b>6TL0DBC3HK</b>	Crash Date <b>08/21/2024</b>	Crash Time 11:25 AM			Date Arrived		Tim	Time Arrived				
	Date Notified <b>08/21/2024</b>	Time Notified 11:26 AM			Total Units 01		Tot	al Injured	red Total Killed			
<u>.</u>	On Emergency	Hit and Run	Lane Clos			k Zone		Trailer or	Γowed		Reporting Threshold	
eTL	Government Property		hool Zone	NO School	Bus Relate	ed	Тас	gs		1		
	Reportable Crash Type NON-DOMESTICATED			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.											
	Location											
	ON CTHWD EB					Latitude			Longitu	de		
	0.29 MI E			43.5838		871259		-89.989	-89.989792958			
	OF CTHK EB				X Coordinate				Y Coord	dinate		
	IN THE TOWN OF WINFI	ELD				258621.4			4830000			
	IN SAUK COUNTY								703000			
						Structure 7	Гуре					
	Crash Scene											
	First Harmful Event	First Harm	ful Event I	agation								
		NIMAL (ALIVE)				ON ROA		Location				
	NON DOMESTICATED A Manner of Collision	INIIVIAL (ALIVE)										
						Light Condition						
	00 - NO COLLISION W/V	EHICLE IN TRANS	PORT									
	Road Surface Condition(s)				Roadway Factor(s)							
	Environment Factor(s)											
	Environment Factor(s)											
	Weather Condition(s)											
	Asias Trans											
	Animal Type DEER				Relation To Trafficway TRAFFICWAY - ON ROAD							
•	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION							
•	Tribal Land				Access Control Special Study							
i	Linit Summary											
	Unit Summary Vehicle Operating As C					laccification		Linit Tyme				
	·					iassilication		Unit Type AUTOMOBILE				
	IN TRANSIT D CLASS					_ASS						
5	Vehicle Type							Operating	As Endorse	ments		
0	(SPORT) UTILITY VEHICLE											
	Total Occs 1	Train/Bus # Recor		Total # Citations Issue			Total Tra	Trailers Total  0		tal HazMat Types		
	Insurance?	Direction Of Trave		1		-			Total Lanes			
_	YES	EASTBOUND		Pre CrashTire Mark			55000 Ellin					
L NO	Most Harmful Event: Collision With			Special Function			1		Emergency Motor Vehicle Use			
5	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			ΓΙΟΝ		NOT APPLICABLE			
•	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type			Road Curvature				Road Grade				
				Noau Cuivaluie								

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date **08/21/2024**Crash Time **11:25 AM** 

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	Truc	k Bus or HazMat								
_		Vehicle								
10	VEHICLE 01	License Plate Number 414WZE Vehicle Identification Number		Plate Type AUT - AUTOMOBILE Make	St WI Year 2020	Country of Issuance UNITED STATES Model FORESTER	:			
		Color SIL - SILVER (ALUMINUM) Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage DISABLING DAMAGE		Body Style UT - SPORT UTILITY						
UNIT				Vehicle Damage  01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT  7 8 9 10 11 6 7 8 9 10 11 5 4 3 2 1						
		Towed Due To Damage TOWED DUE TO DISABLI What Driver Was Doing	NG DAMAGE	Vehicle Removed By STEVES AUTO SERVICE  Vehicle Factors						
		Driver Prior Action Other		-						
TIND	Driver Actions NO CONTRIBUTING ACTION									
10	70	Owner Name		Owner Address						
LIND		Policy Holder Insurance Company AMERICAN-FAMILY-INS-0	00	Individual MARY CAPEHART	г					
		ndividual								
	INDIVIDUAL	Driver MARY CAPEHART (608) 632-5089		Citations Issued  0  Date of Birth	Sex FEMALE Race					
LIND		Address E14039 MAPLE RIDGE RD LA FARGE, WI 54639 , US		Driver License Number						
	Sai	fety Equipment	Safety Equipment							
	001	Row	Seat Position	SHOULDER & LAP BELT						
		Helmet Use  Eye Protection		Helmet Compliance  Tint Compliance						
10		Injury Seventy		Airbag						
		Injury NO APPARENT INJURY  Ejected Ejection Path			Trapped/Extricated					
		Medical Transport		EMS Agency Identifier	r	EMS Run #	EMS Run #			
		Hospital		Date of Death		Time of Death				

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.  $2 \quad \text{of} \quad 3$ 

Crash Date 08/21/2024
Crash Time 11:25 AM

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		Distracted By Action					
		Non Motorist Striking Unit #	Location				
		Prior Action					
		Action					
_	UAL						
TIND	INDIVIDUAL						
	Ĭ						
		Anting Other					T- / O-b
		Action Other					To/From School
	L	Drug & Alcohol NO	nol Use	Suspected Drug Use NO			
•		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test			
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Resu			
۶	001	Drug Type					
		Individual Condition					
		APPEARED NORMAL					