6TL0F8QXXB

SC24-11147

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 SC24-11147			Investigating Officer/Deputy DEPUTY J. GREENWOOD					
ΧB	Crash Date 10/05/2024	Crash Time 05:20 PM		Date Arrived		Time	Time Arrived			_		
6TL0F8QXXB	Date Notified 10/05/2024	Time Notified 05:23 PM			Total Units 01		Total	Injured	Total Killed 00			
.0F8	On Emergency H	it and Run	Lane Clos		re Work Zone			Trailer or Towed			Reporting Threshold	
eTL	Government Property	hool Zone	School Bus Related NO			Tags	Tags					
	▼ Reportable Crash Type NON-DOMESTICATED A			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 CTHPF EB					Latitude			Longitud	le		_
	1072 FT N			X Coord		43.44076	13.440760488		-89.884568894			
	OF CTHW EB					X Coordin	ate		Y Coord	Y Coordinate		
	IN THE TOWN OF FREEDO	VI				266565.59375				804.5		
	IN SAUK COUNTY								401000	7.0		_
						Structure Type NO STRUCTURE						
	Crash Scene											
•	First Harmful Event	First Harm	ful Event I o	cation				_				
	NON DOMESTICATED ANIM					First Harmful Event Location ON ROADWAY						
	Manner of Collision	(,				Light Condition						
		PORT	Ligi			Light Condition						
	00 - NO COLLISION W/VEHICLE IN TRANSPORT Road Surface Condition(s)					Roadway Factor(s)						_
	(-)					Todalis, Table (6)						
	Environment Factor(s)											
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type DEER					Relation To Trafficway						_
						TRAFFICWAY - ON ROAD						
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
								SDICTION				
	Tribal Land					Access Co	ontrol				al Study	
	Unit Summary											_
	Unit Status Vehicle Operating As C						Classification Unit Type					
					J				AUTOMOBILE			
	IN TRANSIT D CLASS Vehicle Type								As Endorser	nents		-
2	PASSENGER CAR							3				
	Total Occs Train/Bus # Recorded			al # Citatio	ns Issued	Total Traile		ers	Total HazMat Type		es	_
	1	17tall#Bus# Necorded 10tal					0		0			
1	Insurance?	Direction Of Trave	_	Pro C	rashTiro	C		-		es		_
 _	YES	EASTBOUND		Pre CrashTir Mark			55		2			
L L	Most Harmful Event: Collision With			ecial Funct	ion	ı		Emergency Motor Vehicle Use			-	
⊃	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA	AL FUNC	TION		NOT APPLICABLE				
·	Traffic Way	Tra	ffic Contro	I			Traffic Control Inoperative/Missing			_		
	TWO-WAY, NOT DIVIDED			NO CONTROL					NO			
	Surface Type			Road Curvature			Road Grade				-	
	BLACKTOP (BITUMINOUS)			STRAIGHT				LEVEL				
I.		1										

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 10/05/2024
Crash Time 05:20 PM

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	Truc	k Bus or HazMat									
	Vehicle										
UNIT 01		License Plate Number AXS8233		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
	5	Vehicle Identification Number 5TDESKFC3RS136839		Make TOYOTA	Year 2024	Model SIENNA					
	VEHICLE	GRY - GRAY Initial Contact Point	Body Style VN - VAN Vehicle Damage								
		12 - FRONT Extent Of Damage MINOR DAMAGE		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1							
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR								
		What Driver Was Doing GOING STRAIGHT Driver Prior Action Other	Vehicle Factors NOT APPLICABLE								
		Driver Actions	NO. AL LIVADEE								
LIND	VEHICLE	NO CONTRIBUTING ACTION									
_	_	Owner Name		Owner Address							
2	2										
Ŀ		Policy Holder									
PN		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP Individual CHONG VUE									
	INDIVIDUAL	Individual Driver	Citations Issued	Sex							
		CHONG LOR VUE	0	MALE							
Ŀ			Date of Birth	ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA							
TIND		Address 3404 BAY HIGHLANDS DR GREEN BAY, WI 54311 , US	Driver License Number								
	Sat	fety Equipment	Safety Equipment								
	001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
2		Injury Sev NO APP	NON DEPLOYED								
		1 -	Ejection Path NOT EJECTED/NOT APF	PLICABLE NOT TRAPPED							
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Agency Identifier EMS Run #							
		Hospital	Date of Death	Time of Death							

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		Distracted By Distracted By Action	NOT APPLICABL	E (NOT DISTRAC	CTED)			
		NOT DISTRACTE	D					
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	7							
Ė	Š							
UNIT	INDIVIDUAL							
	Z							
		Action Other						To/From School
	1	Suspected Alcohol Use NO			Suspected Drug Use NO		L	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
2	001	Drug Type						
		Individual Condition						
		APPEARED NORI	MAL					
l								