6TL0C884LF 24-11246

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 24-11246			Investigating Officer/Deputy DEPUTY D. HORN				
6TL0C884LF	Crash Date 10/08/2024	Crash Time 09:36 PM			Date Arrived		Tin	Time Arrived				
	Date Notified 10/08/2024	Time Notified 09:36 PM			Total Units 01		Total 00		Injured Total Killed			
	On Emergency	lit and Run	Lane Clos		Work Zone			1	Trailer or Towed		Reporting Threshold	
eT	Government Active School Zone			School Bus Related NO			Ta	Tags				
	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.											
I	Location ——											
1	ON CTHW WB					Latitude Longitude						
	481 FT E						43.452926041		_	306380199		
	OF ROCK HILL RD										-	
	IN THE TOWN OF BARABO	00				X Coordina			Y Coordinate			
	IN SAUK COUNTY	. •				272938.8	34375		481493	39.5		
	IN CACK COCKTT					Structure -	Type		-			
						NO STRUCTURE						
(Crash Scene											
١	First Harmful Event						ıful Event	ocation				
	NON DOMESTICATED ANI	MAL (DEAD)				ON ROA		Location				
	Manner of Collision	WAL (DLAD)										
		E IN TO ANOT	ODT			Light Condition						
	00 - NO COLLISION W/VEH	IICLE IN TRANSF	OKI				.					
	Road Surface Condition(s)					Roadway Factor(s)						
	<u> </u>											
	Environment Factor(s)											
	Weather Condition(s)											
1	Animal Type					Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location				Crash Classification - Jurisdiction							
ļ	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTION							
	Inda Land				Access Control Special Study							
i	Unit Summary					ı						
i	Unit Status Vehicle Operating As C					Classification Unit Type						
					atting 710 O	labbilibation		**				
	IN TRANSIT D CLASS				_ASS			AUTOMOBILE Operating As Endorsements				
01	Vehicle Type							Operating	As Endorse	ments		
٦	PASSENGER CAR							ers Total HazMat Types				
	Total Occs	Train/Bus # Record		Total # Citations Issued							iviat Types	
	2	Direction Of Travel	0			0 Speed I			<u> </u>			
	Insurance? YES	WESTBOUND		Pre CrashTire Mark			Speed L	peed Limit Total Lanes				
L N N	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use			
				NO SPECIAL FUNCT		TION		NOT APPLICABLE				
ļ	NON DOMESTICATED ANIMAL (DEAD)											
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing					
	Surface Type			Road Curvature				Road Grade				

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 10/08/2024
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	Truc	k Bus or HazMat							
	Vehicle								
UNIT 01		License Plate Number AUB5333	Plate Type AUT - AUTOMOBILE Make	St WI	Country of Issuance UNITED STATES				
	VEHICLE 01	Vehicle Identification Number 1N4BZ1DV2MC550269 Color	NISSAN Body Style	Year 2021	Model LEAF Bus Use				
		BLK - BLACK Initial Contact Point	HB - HATCHBACK Vehicle Damage	HB - HATCHBACK Vehicle Damage					
		11 - LEFT FRONT CORNER Extent Of Damage MINOR DAMAGE		11 - LEFT FRONT CORNER 7 8 9 10 11 6 2 12 5 4 3 2 1					
		Towed Due To Damage NOT TOWED What Driver Was Doing	Vehicle Removed By OPERATOR Vehicle Factors						
		Driver Prior Action Other							
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
5	6	Owner Name	Owner Address						
FIND		Policy Holder Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-	Individual HENRY WATSON						
		Individual							
	INDIVIDUAL	Driver HENRY WATSON	Citations Issued 0 Date of Birth	MALE					
TIND		Address		WHITE Driver License Number					
 		N6111 COUNTY ROAD W PORTAGE, WI 53901 , US							
	Sa	fety Equipment On Duty Crash	Safety Equipment						
		Row Seat Position		SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance Airbag					
2	9	Injury Seventy NO APPARENT INJURY Ejected Ejection Path	_	Trapped/Extricated					
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED Hospital	Date of Death		Time of Death				
		Ποοριαί	Date of Death		THIS OF DEAUT				

Wisconsin Motor Vehicle Crash Form DT4000

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Distracted By Distracted By Source										
		Distracted By Action								
		Non Motorist	Striking Unit #	Location						
		Prior Action		•						
İ		Action								
	4									
ı	Ž									
LIND	INDIVIDUAL									
	S									
		Action Other						To/From School		
		Suspected Alcohol Use			Suspected Drug Use					
		Drug & Alcohol	NO		NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given		Drug Test Type		Drug Test Results				
		TEŠT NOT GIVEN								
5	001	Drug Type								
		Individual Condition								
		APPEARED NOR	MAL							