6TL0D2XVSK 24-12192

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override		Primary Crash Document # 6TL0D2XVSH		Agency Crash Number 24-12192			Investigating Officer/Deputy DEPUTY B. GOODREAU				
SK	Crash Date 11/01/2024	Crash Time 09:04 PM			Date Arrived		Tin	Time Arrived				
2XV	Date Notified 11/01/2024	Time Notified 09:05 PM			Total Units 01			1 '		Total Killed 00		
6TL0D2XVSK	On Emergency	lit and Run	Lane Closu			rk Zone		Trailer or	Towed		Reporting Threshold	
eTL	Government Property	Crash Type	hool Zone	NO School	Bus Relate	ed	Ta	gs		,		
	✓ Reportable	TICATED ANIM	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 USH12 EB					Latitude Longitude						
	322 FT S			43.4229005		0572	572		-89.773465144			
	OF LEHMAN RD										•	
	IN THE TOWN OF SUMPTE	R				X Coordin	ate		Y Coordinate			
	IN SAUK COUNTY	••				275491			481151	15.5		
	IN OAON COONT					Structure 7	Туре					
						NO STR	UCTURE					
(Crash Scene											
1	First Harmful Event	Firet Harm	ful Event	Location								
	NON DOMESTICATED ANI	MAL (DEAD)				First Harmful Event Location						
	Manner of Collision	WAL (DLAD)				ON ROADWAY						
	00 - NO COLLISION W/VEH	ICI E IN TRANSI	PORT			Light Condition						
	Road Surface Condition(s)	ICEL III TRAIG	OKI			Roadway	Factor(s)					
	rtodd Gariaco Gorialion(o)					Roadway Factor(s)						
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type					Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION							
	Tribal Land			Access Control			ontrol	1			al Study	_
	Unit Summary											
	Unit Summary Vehicle Operating As C					Classification Unit Type						
					D CLASS				AUTOMOBILE			
					D CLASS				Operating As Endorsements			
01	Vehicle Type PASSENGER CAR							Operating	AS Endoise	ments		
				Total # Citations Issued			I Total Tra	Total Trailers		Total HazMat Types		
	1 1	Trail/Dus # Necon		1 otal # Citations Iss						O		
	Insurance?	Direction Of Trave				-	_		Total Lanes			
_	YES	SOUTHBOUND		Pre CrashTire Mark			-,	•	. 300. 2033			
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				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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	Truc	k Bus or HazMat					. ,				
	Vehicle										
		License Plate Number AHS6306 Vehicle Identification Number		Plate Type AUT - AUTOMOBILE Make	St WI Year	Country of Issuance UNITED STATES Model					
2	2	SHHFK7H68LU220321		HONDA	2020	CIVIC					
		Color BLU - BLUE		Body Style HB - HATCHBACK	•	Bus Use					
TIND	VEHICLE	Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 6 7 8 9 10 11 6 7 8 9 10 11 6 7 8 9 10 11							
		Towed Due To Damage TOWED DUE TO DISABLI What Driver Was Doing	NG DAMAGE	Vehicle Removed By CRAIGS TOWING Vehicle Factors							
		Driver Prior Action Other									
TINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION									
10	10	Owner Name		Owner Address							
F		Policy Holder									
FNS		Insurance Company WISCONSIN-MUTUAL-INS	S-CO	Individual WESLEY HANDRO	ow						
	-	Individual									
	INDIVIDUAL	Driver WESLEY HANDRO	w	Citations Issued 0	Sex MALE						
₋				Date of Birth	Race WHITE						
LIND		Address 7308 SPRINGHELT DR DANE, WI 53529 , US		Driver License Number							
	Sai	On Duty fety Equipment	Safety Equipment								
		Row	Seat Position	SHOULDER & LAI	P BELT						
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
2	00	Injury Seventy NO APPARENT INJURY		Airbag							
		Ejected Ejection Path		•		Trapped/Extricated					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifie	r	EMS Run #	EMS Run#				
		Hospital	-	Date of Death	Date of Death Time of Death						

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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 Drug & Alcohol NO			Suspected Drug Use				
		_	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						