6TL0C9H5NC 24-12199

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			Investigating Officer/Deputy SERGEANT M. TATE				
NC	Crash Date 11/02/2024	Crash Time 12:17 AM			Date Arrived		Tin	Time Arrived				
3H2	Date Notified 11/02/2024	Time Notified 12:18 AM			Total Units 01		To:	tal Injured	Total Killed 00			
6TL0C9H5NC	On Emergency	Hit and Run	Lane Clos			rk Zone			iler or Towed		Reporting Threshold	
6T L	Government Property	Crash Type	hool Zone	NO School	Bus Relate	ed	Та	gs		1		
	Reportable	TICATED ANIM	O 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 STH33 EB					Latitude Longitude						
	0.54 MI E					43.47423	30994	-89.6		59879959		
	OF JOHNSON RD					X Coordin	ate		Y Coordinate			
	IN THE TOWN OF GREEN	FIELD				284868.125			4816916.5			
	IN SAUK COUNTY								70103	10.5		
						Structure Type NO STRUCTURE						
(Crash Scene											
1	First Harmful Event					Firet Harm	ful Event	Location				
		IBAAL (ALIVE)				First Harmful Event Location						
	NON DOMESTICATED AN	IIVIAL (ALIVE)				ON ROADWAY						
	Manner of Collision					Light Condition						
	00 - NO COLLISION W/VE	HICLE IN TRANSI	PORT									
	Road Surface Condition(s)					Roadway Factor(s)						
	Environment Factor(s)											
	Manthan On distance											
	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 Special Study							
	Unit Summary											_
-						locaification		Luca Torre				
	Unit Status Vehicle Operating A					iassilication	l	Unit Type AUTOMOBILE				
	ON EMERGENCY D CLASS											
10	Vehicle Type							Operating	As Endorse	ments		
0	AMBULANCE ON EMERGENCY											
	Total Occs			tal # Citations Issued		Total Tra	otal Trailers		Total HazMat Types			
	3	Direction Of Trave	0				_	imit	0		200	
_	Insurance? YES	Direction Of Trave EASTBOUND	· _	Pre CrashTire Mark			Speed Limit		Total Lan	Total Lanes		
UNIT	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use		<u> </u>	
5	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION					NON-EMERGENCY, TRANSPORT			
	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 11/02/2024
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	Truc	k Bus or HazMat								
	Vehicle									
10		License Plate Number AGX2427	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
	VEHICLE 01	Vehicle Identification Number 1FDWE3FSXKDC33252	Make FORD	Year 2019	Model E350					
		Color WHI - WHITE Initial Contact Point	Body Style AM - AMBULANCE Vehicle Damage							
FIND		12 - FRONT Extent Of Damage	7 8 9 10 11 O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1							
		Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Removed By CRAIGS TOWING							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other Driver Actions								
TIND	VEHICLE									
5	2	Owner Name	Owner Address							
HND		Policy Holder Insurance Company								
5		NATIONAL-INTERSTATE-INS-CO	Organization/Company LIFESTAR EMERGE	ENCY MEDICA	L SERVICES LLC					
		Individual Driver	Citations Issued	Sex						
	ب	GILSON CUSTER (920) 948-5116	0	MALE						
E	INDIVIDUAL		Date of Birth	Race WHITE						
LIND	INDI	Address 805 PRENTICE ST STEVENS POINT, WI 54481, US	Driver License Number							
	Sai	fety Equipment Con Duty Crash EMT/FIRST-RESPONDER	Safety Equipment							
	100	Row Seat Position	SHOULDER & LAP BELT							
		Helmet Use Eye Protection	Helmet Compliance							
		Injury Severity	Tint Compliance Airbag							
5		Injury NO APPARENT INJURY Ejected Ejection Path	Trapped/Extricated							
		Medical Transport	EMS Agency Identifier EMS Run #							
		NOT TRANSPORTED								
		Hospital	Date of Death		Time of Death					

Wisconsin Motor Vehicle Crash Form DT4000

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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 NORMAL								

Wisconsin Motor Vehicle Crash Form DT4000

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