6TL0BJ1GPX 24-12318

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Docu | - | | Agency Crash Number 24-12318 | | | Investigating Officer/Deputy DEPUTY J. MACASKILL | | | |
|------|---|------------------------|-----------------------|---------------------|------------------------------|---|------------------|---|-------------------------------------|--------------------|--|
| ΡX | Crash Date 11/05/2024 | Crash Time 10:25 AM | | | Date Arrived | | Time | Time Arrived | | | |
| J1G | Date Notified 11/05/2024 | Time Notified 10:29 AM | | | otal Units 01 | | Total | al Injured Total Killed 00 | | d | |
| 0B | On Emergency H | and Run Lane Closu | | ure Work Zone | | | Trailer or Towed | | Reporting Threshold | | |
| 6TL | Government Property | ol Zone | School Bus Related NO | | | Tags | Tags | | | | |
| | ✓ Reportable | ATED ANIMA | 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. | | | | | | | | | | |
| Ī | Location | | | | | | | | | | |
| ł | ON STH58 NB | | | | | Latitude Longitude | | | | de | |
| | 0.37 MI E | | | | | 43.5412268 | | | -90.157027804 | | |
| | OF CTHG EB | | | | | X Coordinate | | | Y Coord | Y Coordinate | |
| | IN THE TOWN OF IRONTON IN SAUK COUNTY | | | | | 244939.1875 4825763 | | | 33 | | |
| | IN SAUR COUNTY | | | | Structure ⁻ | Туре | | <u> </u> | | | |
| | | | | | | | | | | | |
| (| Crash Scene | | | | | | | | | | |
| | First Harmful Event | | | | | | ıful Event Lo | cation | | | |
| | NON DOMESTICATED ANIM | IAL (ALIVE) | | | | ON ROADWAY | | | | | |
| | Manner of Collision | | | | | Light Condition | | | | | |
| | 00 - NO COLLISION W/VEHI | CLE IN TRANSPOR | RT | | | | | | | | |
| | Road Surface Condition(s) | | | | | Roadway | Factor(s) | | | | |
| | | | | | | | | | | | |
| | Environment 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 Tribal Land | | | | | NO SPECIAL JURISDICTION Access Control Special Study | | | | | |
| | Thou cand | | | | | Access Control Special Study | | | | | |
| | | | | | | | | | | | |
| | Unit Summary | | I Vahi | ala Onara | ting As C | lassification | | Lust | | | |
| | Unit Status Vehicle Operating A | | | | | iassilication | | Unit Type TRUCK | | | |
| | IN TRANSIT D CLASS Vehicle Type | | | | | Operating As Endorsements | | | | | |
| 01 | UTILITY TRUCK/PICKUP TRUCK | | | | | | | Operating / | AS ENGOISEI | nents | |
| | | | | | Total # Citations Issued | | Total Trail | otal Trailers | | Total HazMat Types | |
| | 1 | | | | 0 | | 0 | | wat Typoo | | |
| | | Direction Of Travel | - * | | | 9 11: | | - | | es | |
| UNIT | | EASTBOUND | ~ | Pre CrashTire Mark | | ' ' ' | | | | | |
| | Most Harmful Event: Collision With | | | Special Function | | | | | Emergency Motor Vehicle Use | | |
| ا ر | NON DOMESTICATED ANIMAL (ALIVE) | | | NO SPECIAL FUNCTION | | | | NOT APPLICABLE | | | |
| | Traffic Way | | | Traffic Control | | | | | Traffic Control Inoperative/Missing | | |
| | | | | | | | | | | | |
| | Surface Type | | | Road Curvature | | | | Road Grade | | | |
| | | | | | | | | | | | |

1 of 3

Crash Date 11/05/2024 Crash Time 10:25 AM

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| | Truc | ck Bus or HazMat | | | | | , , | | | |
|--------|----------|-----------------------------------|------------------|---|------|---------------|-------------|--|--|--|
| | , | Vehicle | | | | | | | | |
| | | License Plate Number | | Plate Type St Country of Issuance | | | | | | |
| 10 | | VE1029 | | LTK - LIGHT TRUCK | wı | UNITED STATES | | | | |
| | | Vehicle Identification Number | | Make | Year | Model | | | | |
| | 2 | 1GCHK23255F967004 | | CHEVROLET | 2005 | SILVERADO | | | | |
| ŀ | | Color | | Body Style Bus Use | | | | | | |
| | | SIL - SILVER (ALUMINUM) | | PK - PICKUP | | | | | | |
| ŀ | ш | Initial Contact Point | | Vehicle Damage | | | | | | |
| LNU | VEHICLE | 08 - LEFT SIDE REAR | | | | | 7 8 9 10 11 | | | |
| | | Extent Of Damage | | 08 - LEFT SIDE REAR, 14 - UNDERCARRIAGE | | | | | | |
| – | | DISABLING DAMAGE | | 5 4 3 2 1 | | | | | | |
| | | Towed Due To Damage | | Vehicle Removed By | | | | | | |
| | | TOWED DUE TO DISABLIN | G DAMAGE | SHIELDS TOWING | | | | | | |
| İ | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | | | | | | | | | |
| | | Driver Prior Action Other | | | | | | | | |
| ļ | | | | | | | | | | |
| | | Driver Actions | | | | | | | | |
| l_ | VEHICLE | NO CONTRIBUTING ACTION | | | | | | | | |
| L | ≌ | | | | | | | | | |
| ⊃ | 亩 | | | | | | | | | |
| | > | | | | | | | | | |
| ł | | Owner Name | | Owner Address | | | | | | |
| _ | | | | | | | | | | |
| 6 | 9 | | | | | | | | | |
| | | | | | | | | | | |
| - | | Policy Holder | | | | | | | | |
| LNO | | Insurance Company | | Individual | | | | | | |
| ⊃ | | PROGRESSIVE-CASUALTY | /-INS-CO | DANIEL PICKEL | | | | | | |
| | | Individual | | | | | | | | |
| | | Driver | | Citations Issued | | | | | | |
| | 7 | DANIEL PICKEL (608) 495-9611 | | 0 | MALE | | | | | |
| | DIVIDUAL | (600) 100 0011 | | Date of Birth | Race | | | | | |
| L N | ₹ | Address | | Driver License Number | | | | | | |
| 5 | ā | 270 8TH ST | | Driver License Number | | | | | | |
| | Z | REEDSBURG, WI 53959 , US | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | | | | | | | | | |
| ŀ | | On Duty C | Safety Equipment | | | | | | | |
| | Sa | fety Equipment | | | | | | | | |
| | | Row | Seat Position | SHOULDER & LAP | BELT | | | | | |
| | | | | | | | | | | |
| İ | | Helmet Use | | Helmet Compliance | | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| ŀ | _ | Injury Severity | | Airbag | | | | | | |
| 01 | 90 | Injury NO APPARENT INJURY | | | | | | | | |
| | | Ejected Ejection Path | | Trapped/Extricated | | | | | | |
| | | | | | | | | | | |
| | | Medical Transport | | EMS Agency Identifier | | EMS Run # | | | | |
| | | NOT TRANSPORTED | | D ((5 " | | T: (D | | | | |
| | | Hospital | | Date of Death | | Time of Death | | | | |

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Crash Date 11/05/2024

Crash Time 10:25 AM

| | | Distracted By | Distracted By Source | | | | | | |
|------|------------|-----------------------------------|---------------------------|-------------------|-----------------------|--|----------------------|----------------|--|
| | | Distracted By Action | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | |
| | | Prior Action | | | | | | | |
| | | Action | | | | | | | |
| | JAL | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | ı | Drug & Alcohol | Suspected Alcohol U NO | se | Suspected Drug Use NO | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results | | | | |
| 10 | 001 | Drug Type | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NORMAL | | | | | | | |
| | | | | | | | | | |