6TL0C884LP

24-12997

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 24-12997			Investigating Officer/Deputy DEPUTY D. HORN			
Г	Crash Date 11/22/2024	Crash Time 06:08 PM	Date An	Date Arrived		Time	Time Arrived			
0C884L	Date Notified 11/22/2024	Time Notified 06:08 PM	Total Ur 01	Total Units 01		Total 00	Total Injured Total Killed 00		I	
_0C	On Emergency Hi	and Run Lane Closure		Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Property	School NO	School Bus Related NO			Tags				
	✓ Reportable	Crash Type NON-DOMESTICATED	ANIMAL W/ N	O INJUF	RY		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
ĺ	Location									
ł	ON USH12 WB				Latitude Longitude			le		
	0.41 MI N				43.465994879			-89.776782792		
	OF RAB CTH W IN THE CITY OF BARABOO				X Coordinate			Y Coord		
	IN SAUK COUNTY				275382.0	625		481631	0.5	
					Structure 7					
	Crash Scene				ı					
ì	First Harmful Event				First Harm	ful Event Lo	aatian			
	NON DOMESTICATED ANIM	AL (ALIVE)					CallOII			
	Manner of Collision	AL (ALIVE)			ON ROADWAY					
	00 - NO COLLISION W/VEHIC	SI E IN TRANSPORT			Light Condition					
	Road Surface Condition(s)	JEE IN TRANSPORT			Roadway I	Factor(s)				
	Tious Gainese Gainstinent(G)				Todana, Taster,(c)					
	Environment Factor(s)									
	()									
	Weather Condition(a)				-					
	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					
i	Unit Summary									
ì	Unit Status		Vehicle Opera	ating As C	lassification		Unit Type			
	IN TRANSIT D CLASS						TRUCK			
_	Vehicle Type						Operating /	As Endorser	ments	
01	UTILITY TRUCK/PICKUP TRUCK									
	Total Occs	Total # Citation	Total # Citations Issued		Total Traile		Total Haz	Mat Types		
	3		0			0		0		
		Direction Of Travel WESTBOUND		rashTire Iark	1	Speed Lim	it	Total Lane	es	
LINI	Most Harmful Event: Collision With	Special Funct		1		Emergency Motor Vehicle Use				
	NON DOMESTICATED ANIM	NO SPECIAL FUNCTION								
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type	Road Curvetu	Pood Curvature			Road Grade				
	Canado Typo	Noau Curvalu	Road Curvature			Road Grade				

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	Truc	k Bus or HazMat							
	,	Vehicle							
		License Plate Number	Plate Type	St	Country of Issuance				
		4095966B	LTK	IL	UNITED STATES				
2	2	Vehicle Identification Number 1FT7W2BT8KEG85211	Make FORD	Year 2019	Model F150				
	0	Color	Body Style	2019	Bus Use				
		BLK - BLACK	TK - TRUCK		Bus osc				
	щ	Initial Contact Point	Vehicle Damage						
I≡	VEHICLE	12 - FRONT				7 8 9 10 11 6 2 2 12			
LNO		Extent Of Damage	12 - FRONT			5 4 3 2 1			
		DISABLING DAMAGE	Vahiala Damanad Du						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing	Vehicle Factors						
		-							
		Driver Prior Action Other							
		Driver Astisms							
	ш	Driver Actions 123							
⊨	VEHICLE								
EN S	Ĭ								
-	7								
ļ									
		Owner Name	Owner Address	Owner Address					
10	6								
 -		Policy Holder							
LNO		Insurance Company	INDIVIDUAL						
_ ا		GRANGE-INS-CO GRANTLAND SCHROCK							
		Individual							
		DRIVER GRANTLAND J SCHROCK	Citations Issued 0	Sex MALE					
	¥		Date of Birth	Race					
 	DIVIDUAL								
L N N	Σ	Address	Driver License Numb	Driver License Number					
_	N N	1407 1ST ST BIGGSVILLE, IL 61418,US	STATE: ILLINOIS COUNTRY: UNITED STATES						
		,, , , , , , , , , , , , , ,							
		On Duty Crash	Safety Equipment	Safety Equipment					
	Safety Equipment								
		Row Seat Position	SHOULDER & LA	SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance	Tint Compliance					
		,							
2	001	Injury Severity Injury NO APPARENT INJURY	Airbag	Airbag Trapped/Extricated					
	0	NO APPARENT INJURY Ejected Ejection Path							
		Ljouion i dui		Trapped/Extricated					
		Medical Transport	EMS Agency Identifie	er	EMS Run #				
		NOT TRANSPORTED							
		Hospital	Date of Death	Date of Death		Time of Death			
l					1				

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		Distracted By	Distracted By Source					
Distracted By Action								
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	TAL THE							
LNO	INDIVIDUAL							
	N							
		Action Other						To/From School
	Drug & Alcohol NO Suspected Alcohol Use NO Suspected NO			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		
2	001	Drug Type						
		Individual Condition						
		APPEARED NORM	ИΔΙ					
		AI I LAILLE NOIL	TIAL .					