# 6TL0FV1GFR

25-02522

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	e Primary Crash	Primary Crash Document #		Agency Crash Number 25-02522			Investigating Officer/Deputy DEPUTY W. VERTEIN			
2	Crash Date	-		Date Arrived		Tim	Time Arrived				
GFR	03/17/2025										
110	Date Notified 03/17/2025	Time Notified 02:02 PM		Total Units <b>01</b>		Tot 00		al Injured	Total Killed <b>00</b>		
.0FV1	On Emergency Hit and Run		Lane Closu	Lane Closure		k Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Property Active School Zone			School Bus Related <b>NO</b>			Tag	Tags			
	✓ Reportable	Crash Type NON-DOMES	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			Amended			Secondary Crash		
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
ĺ	Location										
	ON CTHH WB 1249 FT E					Latitude 43.61949	619		Longitude -89.822571232		
	OF BIRCHWOOD RD IN THE TOWN OF DELTON IN SAUK COUNTY					X Coordinate 272257.0625			Y Coord 483348		
			Structure NO STR			Гуре JCTURE					
	Crash Scene										
1	First Harmful Event					First Harm	ful Event I	ocation			
	NON DOMESTICATED ANIMAL (ALIVE)					First Harmful Event Location ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/	VEHICLE IN TRANS	PORT								
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	TURKEY				TRAFFICWA			Y - ON ROAD			
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
	Tribal Land					Access Control Special Study					
i	Unit Summary										
	Unit Status Vehicle Operating As C					lassification Unit Type					
	IN TRANSIT			D CLASS			AUTOMOBILE				
П 01						Operating As Endorsements					
	(SPORT) UTILITY VEHICLE Total Occs I Train/Bus # Recorded I Total # Citations Issue					Total Trailers Total HazMat Types					
	Total Occs 1	Train/Bus # Reco		Total # Citations Issu 0			10tal 11al	iers	1 otal Haz	wat Types	
	Insurance?	Direction Of Trav	-				Speed Limi		Total Lane	es	
	YES	WESTBOUND		Mark							
UNIT	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCTION					cy Motor Vehicle Use		
_								NOT APPLICABLE			
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	Surface Type			Road Curvature				Road Grade			

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	Truck Bus or HazMat									
		Vehicle								
01		License Plate Number 633ZDB	Plate Type AUT	St WI	Country of Issuance					
	6	Vehicle Identification Number KL4MMBS24NB125430	Make BUIC	Year <b>2022</b>	Model ENCORE GX					
	VEHICLE	Color BLU - BLUE	UT - SPORT UTILITY	Body Style Bus Use UT - SPORT UTILITY VEHICLE						
UNIT		Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage         7         8         9         10         11         6         10         12         12         12         5         4         3         2         1							
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR							
		What Driver Was Doing	Vehicle Factors	Vehicle Factors						
		Driver Prior Action Other								
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
01	01	Owner Name	Owner Address							
⊨		Policy Holder								
UNIT		Insurance Company     INDIVIDUAL       ARTISAN-AND-TRUCKERS-CASUALTY-CO     DORIS BASS								
		ndividual								
	INDIVIDUAL	DRIVER DORIS BASS	Citations Issued 0	Sex FEMALE	LE					
⊢		(920) 450-1619	Date of Birth	Race WHITE						
UNIT		Address S776A COON BLUFF RD WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sa	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance							
5	001	Injury Severity NO APPARENT INJURY	Airbag							
		Ejected Ejection Path			Trapped/Extricated					
		Medical Transport NOT TRANSPORTED	EMS Agency Identifie	r	EMS Run #					
		Hospital	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								
	Action								
AL									
UNIT									
2									
	Action Other						To/From School		
	Suspected Alcohol Use Drug & Alcohol NO			Suspected Drug Use					
	Alcohol Test Given		Alcohol Test Type	I	Alcohol Test				
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
01	Drug Type								
	Individual Condition								
	APPEARED NORMAL								