# 6TL0D7W14H 21-07787

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/17/2021

Crash Time 07:07 PM

	Document Number Override Primary Crash Docu		# Agency Crash Number 21-07787			Investigating Officer/Deputy DEPUTY K. MUELLER					
<u>4</u>	Crash Date Crash Time 08/17/2021 07:07 PM		Date Arrived		Time	Time Arrived					
0D7W1	Date Notified 08/17/2021	Time Notified 07:07 PM	Total Units 01		Total		Injured Total Killed 00				
0.	On Emergency Hit and Run Lane		Closure	osure Work Zone		L	Trailer or Towed		Reporting  Threshold		
eTL	Government Property	Active School Zone	NO NO	Bus Relat	ed	Tags					
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Υ		Amended		Secondary  Crash		
	, a sworn law enforcement	ent officer, agree that I ha	ve not added	i any CJ	y CJIS data in this report.						
	Location <b>———</b>										
i	ON STH136 WB				Latitude Longitude						
	897 FT E				Latitude 43.474988822 X Coordinate 267603.6875				3363107		
	OF EXCELSIOR DR										
		25									
	IN THE TOWN OF EXCELSION	JK							5		
	IN SAUK COUNTY				Structure Type						
					Structure	і уре					
	Crash Scene										
1	First Harmful Event				I =:===================================	fulEventLo					
		(					cation				
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA	DWAY					
	Manner of Collision				Light Cond	dition					
	00 - NO COLLISION W/VEHIO	CLE IN TRANSPORT									
ŀ	Road Surface Condition(s)					Roadway Factor(s)					
					,						
	Environment Factor(s)				1						
	Weather Condition(s)										
	A : 17										
	Animal Type  DEER				Relation To Trafficway TRAFFICWAY - ON ROAD						
	Crash Classification - Location PUBLIC PROPERTY			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION							
	TribalLand			Access Control				Special Study			
									· ·		
ļ	Unit Summary										
	Unit Status Vehicle Operating			ating As C	Classification		UnitType				
	IN TRANSIT			D CLASS				AUTOMOBILE			
-	Vehicle Type						Operating As Endorsements		nonte		
01	(SPORT) UTILITY VEHICLE						Operating	AS ENGOISE	ilei 160		
_	,										
	Total Occs	Train/Bus#Recorded	Total#Citations Issued  0		Total Trail		ailers Total Hazi		Vlat Types		
		Direction Of Travel	Pre C	Speed Lim		mit Total Lanes		es			
LIND		VESTBOUND					Emergency Meter Vehicle 1 les				
בֿ	Most Harmful Event: Collision With NON DOMESTICATED ANIM	Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE						
	Traffic Way	Traffic Control			Traffic Control Inoperative/Missing						
	Surface Type	Road Curvature				Road Grade					

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	Truc	ck Bus or HazMat								
		Vehicle								
UNIT 01		License Plate Number		Plate Type	St	Country of Issuance	•			
		SINNAMN		AUT - AUTOMOBILE  Make	Wi Year	UNITED STATES	<u> </u>			
	5	Vehicle Identification Number 5NMS3CAD5KH043318		HYUNDAI	2019	Model SANTA FE				
		Color		Body Style		Bus Use				
	VEHICLE	BLK - BLACK Initial Contact Point		UT - SPORT UTILITY VEHICLE						
		01 - RIGHT FRONT COR	RNER	Vehicle Damage		7 8 9 10 11				
	Ĭ	Extent Of Damage		O1 - RIGHT FRONT CO FRONT, 12 - FRONT	RNER, 02 - R	IGHT SIDE	GHI SIDE 6 12			
	3	DISABLING DAMAGE		Vehicle Removed By						
		Towed Due To Damage TOWED DUE TO DISAE	BLING DAMAGE	STEVES AUTO SERVICE						
		What Driver Was Doing		Vehicle Factors						
		Deliver Deliver Austrian Orbita								
		Driver Prior Action Other								
		Driver Actions								
<u> </u>	VEHICLE	NO CONTRIBUTING ACTION								
	Ĭ									
-	뿣									
		OwnerName		Owner Address						
_		CAVILLE WALKE		United Modifieds						
2	5									
l S		Policy Holder Insurance Company Individual								
=		GEICO-GENERAL-INS-CO		CINNAMON NITTI						
		Driver CINNAMON MOURA NITT!		Citations Issued	Citations Issued Sex 0 FEMALE					
	4	(608) 334-0084		Date of Birth	Date of Birth Race					
<b>5</b>	DIMDUA				WHITE					
Ž		Address E5511 COUNTY ROAD S REEDSBURG, WI 53959 , US			Drivert icense Number					
	=			STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash  fety Equipment		Safety Equipment						
		Row	Seat Position	SHOULDER & LAP B	ULDER & LAP BELT					
		11-1		11-1						
		Helmet Use		Heimet Compliance						
		Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance  Airbag  Trapped/Extricated						
_										
2	8									
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED								
		Hospital								

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		_								
		Distracted By	Distracted By Source	•						
		Distracted By Action								
		Non Motorist	Striking Unit#	Location						
		Prior Action								
		Action								
	INDIVIDUAL									
⊢	2									
UNIT	٥									
_	5									
	2									
		Action Other						To/From School		
		Suspected Alcohol Use Sus			Suspected Drug Use	pected Drug Use				
	L	Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO								
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
		TEST NOT GIVEN								
_	$\mathbf{x}$	Drug Type								
01	8									
		Individual Condition								
		APPEARED NORM	IΔI							
		ALL ENVED MOKIN								

Form DT4000