6TL097RB6Q

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/30/2021

Crash Time 05:58 PM

	Document Number Override	Primary Crash Document#	Agency	Agency Crash Number			Investigating Officer/Deputy DEPUTY C. BRATZ			
g	Crash Date 12/30/2021	Crash Time 05:58 PM	Date A	Date Arrived		Time	Time Arrived			
m	Date Notified	Time Notified	TotalU	nits		Total	Injured	Total Killed		
7 R	12/30/2021	05:58 PM	01			00		00		
60.	On Emergency Hit and Run Law		Closure	losure Work Zone			Trailer or Towed		Reporting Threshold	
6TL097RB6	Government Property	School NO	School Bus Related NO		Tags	Tags				
	Crash Type NON-DOMESTICATED ANIMAL W/				INJURY		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ì	Location									
j	ON CTHP EB				Lengt			1, ,	1	
					Latitude Longitude					
	546 FT W			4		43.590578767		-89.839	9440328	
	OF HERWIG RD				X Coordin	ate		Y Coord	inate	
	IN THE TOWN OF DELLONA	L			270786.0	625		4830318.5		
	IN SAUK COUNTY									
					Structure NO STR					
	Crash Scene									
ì					I = 1	- 1				
	First Harmful Event				I	ful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA	DWAY				
ľ	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIO	CLE IN TRANSPORT			`					
ŀ					Roadway	Eneter(a)				
	Road Surface Condition(s)				Roadway	racion(s)				
	Environment Factor(s)									
	Weather Condition(s)					1				
ŀ	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURISDICTION						
Ī	Tribal Land			Access Control				Special Study		
L	Init Summon:				l					
	Unit Summary -		1,,,,,		1 161 11		I			
	Unit Status Ve			Vehicle Operating As Classification			UnitType			
	IN TRANSIT			D CLASS		AUTON		IOBILE		
_	Vehicle Type					Operating As Endorsements			ments	
0	PASSENGER CAR									
ŀ		T-1-1# C1-4	Total#Citations Issued				L lers Total HazMat Types			
	Total Occs Train/Bus#Recorded						1		wat Types	
	1		0				0			
	Insurance?	Direction Of Travel	Pre CrashTire			, Speed Lim		TotalLane	es	
⊢	YES	EASTBOUND Mark								
LIND	Most Harmful Event: Collision With Special Function				<u> </u>		Emergency Motor Vehicle Use			
)	NO OPECIAL FUN			AL FUNC	TION		NOT APPLICABLE			
	HOR DOMEOTION LED ARRIMAE (AETTE)									
	Traffic Way	I raffic Contro	Traffic Control		Traffi		affic Control Inoperative/Missing			
	Surface Type	Pond Cumi-t	Bood Company			Road Grade				
	contace type	Road Curvature				Noad Glade				

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	Truc	ck Bus or HazMat							
		Vehicle							
		License Plate Number		Plate Type	St	Country of Issuance	•		
20		ACX3045		AUT - AUTOMOBILE	Wi Year	UNITED STATES	<u> </u>		
	5	Vehicle Identification Number 4T18F1FKXGU555834		TOYOTA	2016	Model CAMRY			
	VEHICLE	Color		Body Style		Bus Use			
		RED - RED		SD - SEDAN		NOT A BUS	NOT A BUS		
_		Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage			7 8 9 10 11		
TINO		Extent Of Damage		11 - LEFT FRONT CO	RNER		6 12		
	Щ	MINOR DAMAGE					5 4 3 2 3		
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT		Vernote i detero					
		Driver Prior Action Other		NOT APPLICABLE					
	ш	Driver Actions NO CONTRIBUTING ACTION							
⊨	VEHICLE								
	7								
		Owner Name Owner Address							
2	5								
•									
		Della Malda							
l S		Policy Holder Insurance Company Individual							
=		AUTO-CLUB-GROUP-INS-	co	JENNIFER WOOD					
		Individual							
		Driver JENNIFER RAE WOOD		Citations issued Sex FEMALE					
	₹			Date of Birth Rece					
 	DIMIDITAL			Date of Bills	WHITE	Ε			
Ş	Ξ	Address		Oriver License Number					
-	Z	N1463 COUNTY ROAD J LYNDON STATION, WI 53944 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	_	On Duty Crash		Safety Equipment					
	Sa	fety Equipment							
		Row	Seat Position	SHOULDER & LAP	BELT				
		Helmet Use		Heimet Compliance					
		Eye Protection		Tint Compliance Airbag					
_									
10	喜	Injury NO APPARENT INJURY		· ·················					
		Ejected Ejection Path				Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		E3.50 Don#			
		NOT TRANSPORTED		Envio Agency identifier		EWO RUIT	EMS Run#		
		Hospital		Date of Death		Time of Death	Time of Death		
				1					

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		Distracted By Source	:				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
	JAI						
TIND	NIONVIBUAL						
_							
		Action Other					To/From School
	I	Drug & Alcohol NO	se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test R			
		Drug Test Given TEST NOT GIVEN Drug Test Type			Drug Test Results		
٩	001	Drug Type					
		Individual Condition					
		APPEARED NORMAL					