### 6TL0B4X4Q3 21-12557

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/31/2021

Crash Time 05:39 PM

	Document Number Override Primary Crash Document# Agency Crash N 21-12557				umber Investigating Officer/Deputy SERGEANT E. KNULL						
ဗွ	Crash Date Crash Time 05:39 PM		Date Arrived			Time	Time Arrived				
0B4X4Q	Date Notified 12/31/2021	Time Notified 05:39 PM	, 512, 51,110		Total		Injured Total Killed 00		ł		
0B)	On Emergency Hit and Run Lane Closure			☐ Work Zone		-	Trailer or Towed		Reporting Threshold		
6TL	Government Property	Active School Zone		Bus Relat	red Tags		AmendedSec				
	Reportable	ANIMAL W/ NO INJURY		Υ	£	Secondary  Crash					
	l, a sworn law enforcem	ent officer, agree that I ha	ve not addec	i any CJ	IS data in	this repor	t.				
Ī	Location <b>——</b>										
ī	ON N REEDSBURG RD				1 atituda			Langitud	in .		
	157 FT W				Latitude 43.532594437 X Coordinate		Longitud -89.788 Y Coordi				
	OF RAB N REEDSBURG RD								000499		
	IN THE TOWN OF DELTON								inate		
					274668.5	9375	482373		9.5		
	IN SAUK COUNTY				Ctra cota cro	T					
				Structure Type NO STRUCTURE							
(	Crash Scene										
1	First Harmful Event				T:	ıful Event Lo					
							cauon				
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROADWAY Light Condition						
	Manner of Collision										
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT									
ŀ	Road Surface Condition(s)				Roadway	Factor(s)					
	road corrace corrainon(s)				Roadway Factor(s)						
	Environment Factor(s)										
	Weather Condition(s)										
	AnimalType					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location		Crash Cl			rash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURIS							
ŀ	TribalLand				Access Control				I 0		
	i ibai cand								Special Study		
L											
	Unit Summary 💳										
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType				
				D CLASS		AUTOMOE		RII F	RILE		
ļ.											
01	Vehicle Type				Operating As Endorsements						
٦	(SPORT) UTILITY VEHICLE  Total Occs   Train/Bus#Recorded   Total#Citations issued										
	TotalOccs	Total # Citations Issued  0		0 ashTire Speed Lim		0		MatTypes			
	1										
ŀ	Insurance?	Direction Of Travel Pro Cr						25			
_	YES	WESTBOUND Pre CrashT									
LINO											
5	Most Harmful Event: Collision Wit	Special Function		TION		Emergency Motor Vehicle Use NOT APPLICABLE					
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION		I IUN					
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing					
	Surface Type	Road Curvati	ure			Road Grade					

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	Truc	ck Bus or HazMat							
		Vehicle							
		License Plate Number		Plate Type	St	Country of Issuance	•		
		362VBX		AUT - AUTOMOBILE	Wi	UNITED STATES	3		
01	5	Vehicle Identification Number LRBFXCSA8KD030600		Make BUICK	Year 2019	Model ENVISION			
		Color		Body Style	<u> </u>	Bus Use			
	VEHICLE	GRY - GRAY Initial Contact Point		UT - SPORT UTILITY	VEHICLE		Т		
⊨		01 - RIGHT FRONT CORNER		Vehicle Damage			7 8 9 10 11		
TINO		Extent Of Damage		01 - RIGHT FRONT C	ORNER		5 4 8 2 1		
	3	MINOR DAMAGE		Webide Bereined Bu					
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other		4					
		Distal Life Voliety Office							
		Driver Actions							
<u> </u>	VEHICLE	NO CONTRIBUTING ACTION							
	I								
_	3								
		Owner Name Owner Address							
2	5								
•									
١.		Policy Holder							
l S		Insurance Company	Individual						
_		ACUITY,-A-MUTUAL-INSURANCE-CO		JOAN SPENCER					
		Individual Driver		Citations Issued Sex					
		JOAN M SPENCER		0 FEMALE					
	DIMIDUAL	(608) 434-4544		Date of Birth	Race WHITE				
ş	9	Address		Driver License Number					
⊃	2	177 FOREST DR APT 912 WISCONSIN DELLS, WI 53965 , US		STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment					
	Sa	fety Equipment							
		Row	Seat Position	SHOULDER & LAP	BELT				
		Helmet Use		Heimet Compliance					
		For Destroy							
		Eye Protection Injury Severity		Tint Compliance					
10	5			Airbag					
	5	Injury NO APPARENT INJURY		Trapped/Extricated					
		Ejected Ejection Path				stapped/Extitiosed			
		Medical Transport		EMS Agency Identifier		EMS Run#	EMS Run#		
		NOT TRANSPORTED		Date of Death		Time of Death	Time of Poath		
		Hospital		Date of Death		Time of Death			

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		Distracted By S	Source					
		Distracted By						
		Distracted By Action						
		Christian at the left	1 e					
		Non Motorist Striking Unit#	Location					
		Prior Action	•					
		Action						
	7							
Ш	INDIWIBUAL							
UNIT	M							
	M							
		Action Other					To/From School	
		Suspected Alc	oholi ise	Suspected Drug Use				
	I	Drug & Alcohol NO	NO					
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN	D T+T		I			
		Drug Test Given TEST NOT GIVEN  Drug Test Type			Drug Test Results			
01	001	Drug Type	•					
	0							
		Individual Condition						
		APPEARED NORMAL						