6TL0C9H5LD 22-00922

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/29/2022

Crash Time 06:08 PM

	Document Number Override	Primary Crash Document# Agency Cras 22-00922					estigating Officer/Deputy PUTY M. TATE				
٦	Crash Date		Date Arrived		Time	Time Arrived					
6TL0C9H5L	Date Notified 01/29/2022	Time Notified 06:09 PM	Total Ui 01	Total Units 01		Tota 00	Total Injured 00 Total Killed 00				
0	On Emergency Hit and Run		Closure Work Zone			L	☐ Trailer or Towed		Reporting Threshold		
6TI	Government Property	NO NO			Tags	ags					
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Υ		Amended		Secondary Crash		
	I, a sworn law enforcem	ent officer, agree that I ha	ve not added any CJIS data in this report.								
	Location ———										
- [ON CTHANB				Latitude Longitude						
	0.29 MI S			43.576649379 X Coordinate				380357			
	OF SHERRILINN DR										
	IN THE TOWN OF DELTON							Y Coord			
	IN SAUK COUNTY				278893.4	1375		482849	7.5		
	IN SAUR COUNTY				Ctracture	T. (20					
			Structure Type NO STRUCTURE				<u> </u>				
(Crash Scene										
1	First Harmful Event				Te:						
					I	ful Event Lo	cation				
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY					
	Manner of Collision				Light Condition						
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT									
ŀ					Roadway Factor(s)						
	Road Surface Condition(s)										
	Environment Factor(s)										
				_							
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location			Crash Classification - Jurisdictio							
	PUBLIC PROPERTY				NO SPECIAL JURIS		RISDICTION				
Ī	Tribal Land			Access Control				Special Study			
	Init Cummon:										
	Unit Summary -				1 16: .:						
	Unit Status			Vehicle Operating As Classification			UnitType				
	IN TRANSIT	D CLASS				AUTOMOBILE					
	Vehicle Type						Operating As Endorsements		ments		
01	PASSENGER CAR					'					
	<u> </u>					T-4-173		lers Total HazMat Types			
	1		1	ins issued					viat i ypes		
			0		0		0				
	Insurance?	Direction Of Travel Pre CrashT			e Speed Lim		nit Total Lanes		es		
⊢	YES NORTHBOUND			Mark							
LINO	Most Harmful Event: Collision With Special Function				L		Emergency Motor Vehicle Use				
-	NON DOMESTICATED ANIM	NO SPECIAL FUNCT		TION		NOT APPLICABLE					
		Traffic Control									
	Harric vvay	affic Way					Traffic Control Inoperative/Missing				
	Surface Type	Road Curvature				Road Grade					

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l	Truc	ck Bus or HazMat								
				To 1 =	164					
UNIT 01		License Plate Number 396NMA		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuano UNITED STATE				
		Vehicle Identification Number		Make	Year	Model				
	5	1G1ZH57B994222751		CHEVROLET	2009	MALIBU				
		Color		Body Style	· ·	Bus Use	Bus Use			
	VEHICLE	SIL - SILVER (ALUMINUM)		SD - SEDAN						
		Initial Contact Point 12 - FRONT		Vehicle Damage			7 8 9 10 11			
	Ĭ	Extent Of Damage		14 - UNDERCARRIAG	E		6 12			
	Щ	DISABLING DAMAGE					5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing		PLATTS WRECKER						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
<u> </u>	VEHICLE	NO CONTRIBUTING ACTION								
	Ĭ									
_	W									
		Owner Name		OwnerAddress						
2	5									
_		Policy Holder								
l S		Insurance Company		Individual						
>		PROGRESSIVE-CLASSIC	C-INS-CO	TRISTA PICKETT						
		Individual								
		Driver TRISTA MARIE PICKETT (608) 415-7185		Citations Issued	Citations Issued Sex 0 FEMALE					
	₹			Date of Birth Race						
<u>_</u>	DIMIDITA			Date of Bills	WHITE					
ş	Ξ	Address		Driver License Number	Driver License Number					
_	Z	317 MULBERRY ST BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment						
	Sa	fety Equipment								
		Row	SeatPosition	SHOULDER & LAP	JLDER & LAP BELT					
		44.7		44.3 1.5 3						
		HelmetUse		Heimet Compliance						
		Eye Protection		Tint Compliance						
2	8	Injury Severity NO APPARENT INJURY Ejected Ejection Path		Airbag Trapped/Extricated						
_										
						stappanitioned				
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				

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		Distracted By	Source					
		Distracted By						
		Distracted By Action						
			1					
		Non Motorist Striking Unit #	Location					
		Prior Action						
		Action						
	4							
—	INDIWIBUAL							
UNIT	Ŋ							
_	9							
		Action Other					To/From School	
		L Suspected Al	Suspected Drug Use					
	L	Drug & Alcohol NO	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		S	
01	001	Drug Type	'		•			
	0							
		Individual Condition						
		APPEARED NORMAL						