## 6TL0BJ1GM1 22-02686

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/23/2022

Crash Time 08:25 AM

	Document Number Override	Primary Crash Document# Agency Crash Nut 22-02686				stigating Officer/Deputy				
GM1	Crash Date         Crash Time           03/23/2022         08:25 AM		Date Arrived		Time	Time Arrived				
716	Date Notified Time Notified 03/23/2022 08:28 AM		Total Units 01		Tota	Total Injured Total Killed				
9	On Emergency	it and Run Lane (	Closure		rk Zone	L	Trailer or T	owed	Reporting  Threshold	
6TL	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	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location									
- {	ON CTHASB				Latitude			Longitud	e	
	0.50 MI S				43.554077861				533998	
	OF MOON RD									
	IN THE TOWN OF DELTON				X Coordin		Y Coordi			
	IN SAUK COUNTY				278798.3	375		482599	1	
	M DAGN GGGN I				Structure 7	Type				
l										
(	Crash Scene									
1	First Harmful Event				First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM			ON ROA	DWAY					
ŀ	Manner of Collision					Light Condition				
	00 - NO COLLISION W/VEHI	CI E IN TRANSPORT			Light Condition					
		CLE IN TRANSFORT			<del></del>					
	Road Surface Condition(s)				Roadway Factor(s)					
ŀ										
	Environment Factor(s)									
	Month or Condition(a)									
	Weather Condition(s)									
	AnimalType				Relation To Trafficway					
ŀ										
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control						
	Tribal Land							Special Study		
ĺ	Unit Summary									
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType			
				D CLASS			AUTOMOB		)II E	
				D CLASS						
0	Vehicle Type				Operating As Endorsements			ments		
0	PASSENGER CAR									
	Total Occs Train/Bus # Recorded Tot 0		Total#Citations Issued		Total Trai		ailers Total Hazī		Mat Types	
			0	0		0		0		
İ	Insurance?	Direction Of Travel	Pre CrashTire			Speed Lim		nit Total Lanes		
<u>.                                    </u>	YES	SOUTHBOUND Mark			´   `					
LIND	Most Harmful Event: Collision Wit		Special Func				   Emergency Motor Vehicle Use		icle Use	
<b>5</b>	NON DOMESTICATED ANIM	NO SPECIAL FUNCT		TION		NOT APPLICABLE				
		INE (NEIVE)								
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type	Road Curvature			Ro		Road Grade			

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Crash Time 08:25 AM

	Truc	Truck Bus or HazMat							
		<b>Vehicle</b> License Plate Number	Plate Type	I St	Country of Issuance				
	VEHICLE 01	AJL3196	AUT - AUTOMOBILE	wı	UNITED STATES				
5		Vehicle Identification Number 1NXBR32E63Z038656	Make TOYOTA	Year 2003	Model COROLLA				
		Color WHI - WHITE	Body Style SD - SEDAN	•	Bus Use				
TIND		Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage	Vehicle Damage 7 8 9 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
		DISABLING DAMAGE Towed Due To Damage	MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT C  Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE	CRAIGS TOWING						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
	щ	DriverActions NO CONTRIBUTING ACTION							
NS NS	VEHICLE								
_	3								
_		OwnerName	Owner Address						
2	5								
_		Policy Holder							
IN I		Insurance Company GEICO-CASUALTY-CO	Individual ADEN OMAR						
		Driver ADEN OMOW OMAR	Citations Issued  0	Sex MALE					
_	300		Date of Birth	Race BLACK/AFRICAN AMERICAN					
N N	Address 825 12TH ST # 4 BARABOO, WI 539	825 12TH ST # 4	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash <b>fety Equipment</b>	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
		HelmetUse	Helmet Compliance						
		Eye Protection	TintCompliance						
2	100	Injury Severity NO APPARENT INJURY	Airbag						
		Ejection Path	'		Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#				
	Hospital		Date of Death		Time of Death				

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	Distracted By	Source				
	Distracted By Action					
	Non Motorist Striking Unit:	# Location				
	Prior Action					
	Action					
¥						
NDIVIDUAL.						
=	74					
	Action Other					To/From School
	Drug & Alcohol NO	Suspected Drug Use NO				
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
	Drug Type					
5 B	Brug Type					
	Individual Condition					
	APPEARED NORMAL					