### 6TL0D5DXZ3 22-02711

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/24/2022

Crash Time 06:35 AM

	Document Number Override	Primary Crash Document# Agency Crash Nu 22-02711		II		stigating Officer/Deputy PUTY C. FRANK				
23	Crash Date         Crash Time           03/24/2022         06:35 AM		Date Arrived		Time	Time Arrived				
0D5DXZ3	Date Notified 03/24/2022	Time Notified 06:40 AM	Total Ur 01	Total Units 01		Total	Total Injured Total Kille 00 00			
0	On Emergency Hit and Run La		Closure	Closure Work Zone			Trailer or Towed		Reporting  Threshold	
6TL	Government Property	Active School Zone Crash Type	NO NO	Bus Relat	ed	Tags				
	Reportable	ANIMAL W/ NO INJURY				Amended		Secondary  Crash		
	I, a sworn law enforcem	i any CJ	CJIS data in this report.							
	Location <b>——</b>									
Ī	ON LINN ST/ STH136 EB				Latitude Longitude					
	823 FT W				43.474802168		-89.779			
	OF STH33 EB								199901	
	IN THE TOWN OF BARABO	^			X Coordin	ate	Y Coordi		inate	
		U			275219.2	21875	481729		5.5	
	IN SAUK COUNTY				Structure 7	T				
					NO STR	• •				
(	Crash Scene									
1	First Harmful Event				F:	£.15				
					1	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	Eneter(a)				
	Road Surface Condition(s)				Roadway	ractor(s)				
	Environment Factor(s)									
	Weather Condition(s)			1						
ŀ	AnimalType	Relation To Trafficway								
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction				
	PUBLIC PROPERTY				NO SPECIAL JURIS Access Control					
	Tribal Land								Special Study	
ļ	Unit Summary				I					
			1 \/ - b : - b - O	A O	1166					
				hicle Operating As Classification			UnitType			
	IN TRANSIT			D CLASS				AUTOMOBILE		
_	Vehicle Type				Operating As Endorsements			nents		
01	(SPORT) UTILITY VEHICLE						'			
ŀ	· · · · · · · · · · · · · · · · · · ·					Total Traile	<u> </u>	Total Wast	Vat Types	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	Fotal # Citations Issued		•		l .	viat i ypes	
	1	0			0				0	
	Insurance?	irection Of Travel Pre CrashTi			e Speed Lim		nit TotalLanes		es	
	YES EASTBOUND									
LINO	Most Harmful Event: Collision With Special Function			tion	<u> </u>		Emergency Motor Vehicle Use			
<b>-</b>	NON DOMESTICATED ANIM	NO SPECIAL FUNCT		TION		NOT APPLICABLE				
}	` '			Traffic Control				Traffic Control Inoperative/Missing		
	reactive trus	Traffic Control				Trainic Consuon moperative/ivitssing				
	Surface Turns	<del> </del>				Bood Crada				
	Surface Type	Road Curvature				Road Grade				
		1				1				

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	Truc	ck Bus or HazMat								
		Vehicle								
10		License Plate Number  AHR6587		Plate Type	St	Country of Issuance				
		Vehicle Identification Number		AUT - AUTOMOBILE Make	Wi Year	Model World				
	5	JN8AS5MV6CW713668		NISSAN 2012		ROGUE				
	VEHICLE	Color GRY - GRAY		Body Style UT - SPORT UTILITY	VEHICI F	Bus Use				
		Initial Contact Point		Vehicle Damage						
UNIT		11 - LEFT FRONT CORNER	₹	10 - LEFT SIDE FROM	NT, 11 - LEFT F	7 8 9 10 11 RONT CORNER. 5 32				
	H	Extent Of Damage FUNCTIONAL DAMAGE		12 - FRONT		·	5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED What Driver Was Doing		OPERATOR						
		vvilatibilivei vvas bolilig		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
	4	NO CONTRIBUTING ACTION								
	♀									
>	VEHICLE									
		OwnerName		Owner Address						
2	5									
Ħ		Policy Holder Insurance Company Individual								
5		GEICO-GENERAL-INS-CO		Individual LINDA MILES						
		Individual		· ·						
		Driver LINDA NADINE MILES		Citations Issued	Citations Issued Sex  0 FEMALE					
	₹	(608) 512-7978		Date of Birth	Date of Birth Race					
<b> </b>	DIMIDITA				WHITE					
N N		Address 101 SHORT ST UPPER ROCK SPRINGS, WI 53961, US		Driver License Number						
	=			STATE: WISCONSIN COUNTRY: UNITED STATES						
				Cofety Faviances						
	Sai	fety Equipment		Safety Equipment						
		Row	SeatPosition	SHOULDER & LAP	LAP BELT					
		HelmetUse		Helmet Compliance						
		11041104 000		1 teatier on abusine						
		Eye Protection		Tint Compliance						
_	_			Airbag						
01	8	Injury NO APPARENT INJURY								
		Ejected 1	Ejection Path			Trapped/Extricated				
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED		Detects "		T. (2)				
		Hospital		Date of Death		Time of Death				

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	Distracted By Source								
		Distracted By Action							
		Non Motorist Striking	g Unit#	Location					
		Prior Action							
		Action							
	INDIVIDUAL								
<b>—</b>	7								
UNIT	٥								
<b>–</b>	ā								
	Z								
		Action Other						To/From School	
		Suspe	cted Alcohol U	lse	Suspected Drug Use				
	L	Drug & Alcohol NO  Suspected Alcohol Use NO							
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug Test Type	Drug Test Results		5		
		IEST NOT GIVEN							
01	004	Drug Type		•		•			
0	5								
		1 0 1 1 10 00							
		Individual Condition							
		APPEARED NORMAL							
	welmineliji?								