# 6TL092T5RR 22-02950

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/31/2022

Crash Time 04:15 AM

	Document Number Override	Primary Crash Document#	1	Agency Crash Number 22-02950			Investigating Officer/Deputy DEPUTY A. KING			
5RR	Crash Date 03/31/2022	Crash Time 04:15 AM	Date Ar	Date Arrived		Time	Time Arrived			
2T5	Date Notified 03/31/2022	Time Notified 05:11 AM	Total Ui	Fotal Units )1		Tota 00	Fotal Injured Total Killed 00			
60	On Emergency Hi	t and Run Lane C	Closure		Work Zone		Trailer or To	wed	Reporting  Threshold	
6TL	Government Property	Active School Zone		Bus Relat	ted Tags					
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	IO INJUR	ľΥ		Amended		Secondary Crash	
	, a sworn law enforcement	ent officer, agree that I hav	ve not added any CJIS data in this report.							
Ī	Location <b>———</b>									
- {	ON STH60 WB				Latitude			Longitud	e	
	97 FT E					43.234257359		_	1455005	
	OF CASSELL RD				X Coordinate 268217.84375		Y Coord		linate	
	IN THE TOWN OF TROY									
	IN SAUK COUNTY							4190100		
					Structure Type					
i	Crash Scene									
,	First Harmful Event				I =:					
		A. (A. 1)(=)				ful Event Lo	cation			
	NON DOMESTICATED ANIM			ON ROADWAY						
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIO	CLE IN TRANSPORT								
	Road Surface Condition(s)		Roadway		ay Factor(s)					
l										
	Environment Factor(s)									
	Weather Condition(s)									
	A 1 17									
	AnimalType				Relation To Trafficway					
l	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control		SDICTION				
	TribalLand							Special Study		
l										
Į	Unit Summary 💳									
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType			
				D CLASS		AUTÓMOB		JILE		
ŀ	Vehicle Type				Operating As Endorsements					
01	PASSENGER CAR						Operating	J		
	<u> </u>					Total Traile		TatalUasi	Mat Turner	
	1   1   1   1   1   1   1   1   1   1		Total # Citations Issued		l otalira		ilers Total Hazi		viat i ypes	
	1	5 6.7	0							
<b>⊢</b>		Direction Of Travel WESTBOUND	Pre CrashTire  Mark		Speed Lim	peed Limit		TotalLanes		
LINO	Most Harmful Event: Collision With	Special Function		1		Emergency Motor Vehicle Use				
<b>-</b>	NON DOMESTICATED ANIM	NO SPECIAL FUNCTI		TION		NOT APPLICABLE				
}	Traffic Way	Traffic Control			Traffic Control Inoperative/Missing			ive/Missina		
	ene ee <b>ey</b>	Hanic Collino				пано оставлиореная челивовну				
}	Surface Type	Road Curvature			Road Grade					
		NOSA OUIVALUIE			1,1000 5,000					

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	Truc	ck Bus or HazMat								
		Vehicle	5075075075075075075075075075075075075075	**************************************	018018018018018018018					
10		License Plate Number		Plate Type St		Country of Issuance	Country of issuance			
		460ZJZ  Vehicle Identification Number		AUT - AUTOMOBILE  Make	Wi Year	Model Model	3			
	5	3A4FY58B46T202318		CHRYSLER	2006	PT CRUISER				
		Color		Body Style	· · · · · · · · · · · · · · · · · · ·	Bus Use	Bus Use			
	VEHICLE	GRY - GRAY Initial Contact Point		VN - VAN Vehicle Damage						
l⊨		12 - FRONT					7 8 9 10 11			
TINO	Ŧ	Extent Of Damage DISABLING DAMAGE		12 - FRONT			5 4 3 2 1			
	3	Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLIN	NG DAMAGE	CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other		$\dashv$	-					
		Driver Actions NO CONTRIBUTING ACTION								
l⊨	VEHICLE									
N N										
	7									
		Owner Natre Owner Address								
2	5									
┖		Policy Holder								
\ S		Insurance Company		Individual						
-		ALLSTATE-INS-CO Individual		IRIS KEYS						
		Driver		Citations issued Sex						
		JANE M JOHNSON (608) 477-5104 Address		0 FEMALE						
	DIMIDUA			Date of Birth	Race WHITE					
ş	Ĭ			Driver License Number						
-	2	E7625 TROY VILLAGE RD SPRING GREEN, WI 53588 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash		Safety Equipment						
	24	ety Equipment		SHOULDER & LAP BELT						
		Row	Seat Position	SHOOLDER & LAF !	DEL I					
		HelmetUse		Heimet Compliance						
		Eye Protection		TintCompliance						
		Injury Severity  NO APPARENT INJURY		Airbag						
01	5									
		Ejected Ejection Path				Trapped/Extricated	Trapped/Extricated			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital		Date of Death		Time of Death	Time of Death			

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		Distracted By Source	æ					
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action Prior Action						
		Action						
	7							
<u>.</u>	9							
UNIT	INDIWIDUAL							
	Ź.							
	Z							
	_							
		Action Other					To/From School	
		Drug & Alcohol NO  Suspected Alcohol Use NO  Suspected Drug Use NO						
	į	Drug & Alcohol No	NO					
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN						
		Drug Test Given Drug Test 1 TEST NOT GIVEN		Drug Test Result		ts		
		TEŠT NOT GIVEN			-			
_	~	Drug Type	1					
01	8	3 7.						
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORWAL						