6TL0BC3B5V 22-03851

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document # | , , | Agency Crash Number 22-03851 | | | Investigating Officer/Deputy DEPUTY W. VERTEIN | | | |
|------|---|--------------------------------------|----------------------------|-------------------------------------|------------------------|--|---|---------------|-----------------------|--|
| 25 | Crash Date 04/28/2022 | Crash Time 01:32 PM | Date Ar | Date Arrived | | Time | Time Arrived | | | |
| 3B | Date Notified Time Notified | | Total U | nits | | | Injured | Total Killed | I | |
| ပ | 04/28/2022 | 01:42 PM | 01 | | | 00 | | 00 | I 5 " | |
| .0B | On Emergency H | it and Run Lane | Closure | sure Work Zone | | | | | Reporting Threshold | |
| 6TL | Government Property | School NO | | | | Tags | | | | |
| | ✓ Reportable | ANIMAL W/ NO INJURY | | | Amended | | Secondary Crash | | | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | |
| ĺ | Location | | | | | | | | | |
| 1 | ON STH23 EB | | | | Latitude | 9 | | | | |
| | 338 FT S OF WATER ST | | | | | 43.559971366 | | -89.841 | 1801872 | |
| | IN THE TOWN OF DELLONA | 1 | | | _ | X Coordinate | | Y Coordinate | | |
| | IN SAUK COUNTY | | | | 270479.0 | | 482692 | | <u></u> | |
| | | | Structure Type NO STRUCTUR | | | | RE | | | |
| (| Crash Scene | | | | | | | | | |
|] | First Harmful Event | | | | First Harm | nful Event Lo | cation | | | |
| | NON DOMESTICATED ANIM | | | ON ROA | | | | | | |
| | Manner of Collision | | | | | Light Condition | | | | |
| | 00 - NO COLLISION W/VEHI | CLE IN TRANSPORT | | | | | | | | |
| | Road Surface Condition(s) | | | | Roadway | Factor(s) | | | | |
| | | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | |
| | , , | | | | | | | | | |
| | | | | | | | | | | |
| | Weather Condition(s) | | | | | | | | | |
| | | | | | | | | | | |
| | Animal Type | | | | Relation To Trafficway | | | | | |
| | DEER | | | | TRAFFICWAY - ON ROAD | | | | | |
| | Crash Classification - Location | | | Crash Classification - Jurisdiction | | | | | | |
| | PUBLIC PROPERTY | | | | NO SPE | CIAL JURI | ISDICTION | | | |
| | Tribal Land | | | Access Control | | S | | Special Study | | |
| ı | Unit Summary | | | | | | | | | |
| ì | Unit Status | | Vehicle Opera | ating As C | lassification | 1 | Unit Type | | | |
| | | | | D CLASS | | | AUTOMOBILE | | | |
| _ | Vehicle Type | | | | | Operating As Endorsements | | ments | | |
| 01 | (SPORT) UTILITY VEHICLE | | | | | | | | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Iss | | i | Total Traile | | | Total HazMat Types 0 | |
| | | Direction Of Travel | Pre CrashTi | | | Speed Lim | - | | Total Lanes | |
| ⊢ | | NORTHBOUND | | Mark | | | | | | |
| LINI | Most Harmful Event: Collision With NON DOMESTICATED ANIM | Special Function NO SPECIAL FUNCTION | | | 1 | Emergency Motor Vehicle Use NOT APPLICABLE | | | | |
| | Traffic Way | Traffic Control | | | | Traffic Control Inoperative/Missing | | | | |
| | Surface Type | Road Curvature | | | | Road Grade | | | | |
| | 21 | 13000 Ourvaluie | | | | Toda Orado | | | | |

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| | Truc | ruck Bus or HazMat | | | | | | | | |
|------|----------|---|--|------------------|---------------------|--|--|--|--|--|
| | L | | | | | | | | | |
| | , | Vehicle | | | | | | | | |
| | | License Plate Number | Plate Type | St | Country of Issuance | | | | | |
| | | 439YEY | Maka | WI | UNITED STATES | | | | | |
| 01 | 2 | Vehicle Identification Number 1C4PJMLX5JD580058 | Make JEEP | Year 2018 | Model CHK | | | | | |
| | _ | Color | Body Style | 2016 | Bus Use | | | | | |
| | | SIL - SILVER (ALUMINUM) | UT - SPORT UTILITY | VEHICLE | Dus Ose | | | | | |
| | VEHICLE | Initial Contact Point | Vehicle Damage | | | | | | | |
| ⊨ | | 12 - FRONT | 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 11 - LEFT FRONT CORNER, 12 - FRONT Vehicle Removed By | | | | | | | |
| UNIT | | Extent Of Damage | | | | | | | | |
| _ | | FUNCTIONAL DAMAGE | | | | | | | | |
| | | Towed Due To Damage | | | | | | | | |
| | | NOT TOWED | OPERATOR | | | | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | | | | |
| | | | | | | | | | | |
| | | Driver Prior Action Other | | | | | | | | |
| | | Driver Actions | | | | | | | | |
| | ш | NO CONTRIBUTING ACTION | | | | | | | | |
| ⊨ | VEHICLE | | | | | | | | | |
| LIND | ₹ | | | | | | | | | |
| _ | Ä | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | Owner Address | | | | | | | |
| 01 | 2 | | | | | | | | | |
| 0 | 0 | | | | | | | | | |
| | | | | | | | | | | |
| ╘ | | Policy Holder | | | | | | | | |
| LNO | | Insurance Company AUTO-OWNERS-INS-CO | Individual SONIA SMITH | | | | | | | |
| | | | | | | | | | | |
| | | Individual Driver | Loitetiana la cuad | Low | | | | | | |
| | | SONIA SMITH | Citations Issued 0 | Sex FEMALE | | | | | | |
| | ₹ | (608) 556-2080 | Date of Birth | Race | | | | | | |
| ╻ | DIVIDUAL | | Date of Birti | WHITE | | | | | | |
| E S | Ĭ | Address | Driver License Number | | | | | | | |
| ⊃ | | N962 ARBOR LK S | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | Z | LYNDON STATION, WI 53944 , US | | | | | | | | |
| | | | | | | | | | | |
| | Sai | On Duty Crash fety Equipment | Safety Equipment | | | | | | | |
| | Sai | * * * * | | | | | | | | |
| | | Row Seat Position | SHOULDER & LAP BELT | | | | | | | |
| | | Helmet Use | Helmet Compliance | | | | | | | |
| | | Heiliet Ose | neimet Compilance | | | | | | | |
| | | Eye Protection | Tint Compliance | | | | | | | |
| | | , | | | | | | | | |
| 10 | 5 | Injury Severity | Airbag | | | | | | | |
| 0 | 90 | Injury NO APPARENT INJURY | | | | | | | | |
| | | Ejection Path | | | Trapped/Extricated | | | | | |
| • | | Madical Transport | | | I FMO P | | | | | |
| | | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | | EMS Run # | | | | | |
| | | Hospital | Date of Death | | Time of Death | | | | | |
| | | | Sato of Boati | | Si Boduii | | | | | |
| | | | 1 | | 1 | | | | | |

Crash Time 01:32 PM

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Crash Date 04/28/2022

Crash Time 01:32 PM

| Distracted By Source | | | | | | | | |
|----------------------|------------|--|----------------|----------------|-----------------------|--|---|----------------|
| | | Distracted By Action | | | | | | |
| | , | Non Motorist S | triking Unit # | Location | | | | |
| | | Prior Action | | | | | | |
| | | Action | | | | | | |
| _ | UAL | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | |
| | Z | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | | | | | | | | |
| | L | Drug & Alcohol NO | | | Suspected Drug Use NO | | | |
| | | Alcohol Test Given Alcohol Test Typ TEST NOT GIVEN | | | Alcohol Test Resul | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Resul | | ; | |
| 2 | 001 | Drug Type | | | | | | |
| | | | | | | | | |
| | | Individual Condition | | | | | | |
| | | APPEARED NORMA | NL | | | | | |