## 6TL0C9H5LN 22-04323

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [	Primary Crash Document #		Agency Crash Number 22-04325			Investigating Officer/Deputy  DEPUTY M. TATE				
0C9H2LN	Crash Date <b>05/13/2022</b>	Crash Time 02:45 AM			Date Arrived		Tim	Time Arrived				
	Date Notified <b>05/13/2022</b>	Time Notified 02:46 AM			Total Units <b>01</b>		Tota <b>00</b>		Total Killed			
) ()	On Emergency	it and Run	t and Run Lane Clos		ure Wor		rk ZoneT		Trailer or Towed		leporting hreshold	
<b>6TL</b>	Government Property	hool Zone	School Bus Related NO			Tag	Tags					
	<b>✓</b> Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RY Amended			Secondary Crash				
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location <b>———</b>											
İ	ON STH154 EB					Latitude Longitude						
	209 FT W					43.409171346 X Coordinate		-90.15		53458213		
	OF CTHG NB											
	IN THE TOWN OF WASHING IN SAUK COUNTY	STON				244671.609375			_	Y Coordinate <b>4811085.5</b>		
						Structure Type NO STRUCTURE						
	0											
,	Crash Scene											
	First Harmful Event					First Harmful Event Location						
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROADWAY						
	Manner of Collision					Light Condition						
	00 - NO COLLISION W/VEHI	ICLE IN TRANSI	PORT									
	Road Surface Condition(s)					Roadway	Factor(s)					
	Environment Factor(s)					4						
	Environment Factor(s)											
	Weather Condition(s)					1						
	- Control Cont											
	Animal Type				Relation To Trafficway							
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION							
	Tribal Land				Access Control Special Study							
	Unit Summary							T				
				Vehicle Operating As Classification		Ì	Unit Type					
	IN TRANSIT D CLASS				SS			AUTOMOBILE				
01	Vehicle Type						Operating A	As Endorser	ments			
0	PASSENGER CAR											
	Total Occs Train/Bus # Recorded			Total # Citations Issued						azMat Types		
	1	Discretion Of Trans		0		0		ed Limit T		<b>0</b> Total Lanes		
_	Insurance? YES	Direction Of Trave		Pre CrashTire		Speed		Limit		Lanes		
LINO	Most Harmful Event: Collision With			cial Function				Emergency	Emergency Motor Vehicle Use			
$\supset$	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE			
	Traffic Way			ffic Control				Traffic Control Inoperative/Missing				
	, , , , , , , , , , , , , , , , , , ,											
	Surface Type			d Curvatur	е			Road Grade				

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	Truc	k Bus or HazMat							
	,	Vehicle							
10	VEHICLE 01	License Plate Number  AAK3102	Plate Type <b>AUT - AUTOMOBILE</b>	St WI	Country of Issuance UNITED STATES				
		Vehicle Identification Number 2G1WH52K359315492	Make CHEVROLET	Year <b>2005</b>	Model IMPALA				
		Color BGE - BEIGE	Body Style Bus Use SD - SEDAN						
UNIT		Initial Contact Point 12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage  01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT  5 4 3 2 1						
		Towed Due To Damage NOT TOWED	Vehicle Removed By		•				
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
TINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
_	_	Owner Name	Owner Address						
0	6								
╘		Policy Holder Insurance Company Individual							
LIND		PROGRESSIVE-CLASSIC-INS-CO	Individual TROY MALONEY						
	INDIVIDUAL	Individual		La					
		Driver TROY MALONEY	Citations Issued  0	Sex MALE					
_			Date of Birth	Race WHITE					
LIND		Address 850 SUMMIT DR RICHLAND CENTER, WI 53581, US	Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
	100	Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
01		Injury Severity NO APPARENT INJURY	Airbag						
		Ejected Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #				
		Hospital	Date of Death		Time of Death				

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Crash Date 05/13/2022

Crash Time 02:45 AM

		Distracted By	istracted By Source						
		Distracted By Action							
	,	Non Motorist S	triking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	Z								
		Action Other						To/From School	
	Drug & Alcohol NO			se	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results			
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug Test Type		Drug Test Results			
2	001	Drug Type							
		Individual Condition							
		APPEARED NORMA	<b>NL</b>						