

6TL0B3P3J0  
SC22-07298

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document#		Agency Crash Number <b>SC22-07298</b>		Investigating Officer/Deputy <b>DEPUTY J. GREENWOOD</b>	
Crash Date <b>07/27/2022</b>		Crash Time <b>09:35 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>07/27/2022</b>		Time Notified <b>09:37 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

**Location**

ON CTG WB 0.37 MI W OF NASH RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude <b>43.555167826</b>	Longitude <b>-90.187306796</b>
	X Coordinate <b>242552.171875</b>	Y Coordinate <b>4827405</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

**Unit Summary**

01 UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way			Traffic Control		Traffic Control Inoperative/Missing
	Surface Type			Road Curvature		Road Grade

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Truck Bus or HazMat			
01 UNIT VEHICLE	<b>Vehicle</b>		
	License Plate Number <b>995RDS</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>1FMCU9GX9FUB42210</b>	Make <b>FORD</b>
	Year <b>2015</b>	Model <b>ESCAPE SE</b>	Color <b>BLK - BLACK</b>
	Body Style <b>LL - CARRYALL</b>	Bus Use	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>
	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	
	Vehicle Removed By <b>STEVES AUTO SERVICE</b>	What Driver Was Doing	
	Vehicle Factors	Driver Prior Action Other	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	Owner Name	
Owner Address		Policy Holder	
01 UNIT INDIVIDUAL	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>JULIE HOLLOWAY</b>
	<b>Driver</b> <b>JULIE MARIE HOLLOWAY</b> <b>(608) 985-8862</b>		Citations Issued <b>0</b>
	Sex <b>FEMALE</b>		Date of Birth [REDACTED]
	Race <b>WHITE</b>		Address <b>E1548 COUNTY ROAD G</b> <b>LA VALLE, WI 53941 , US</b>
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		<b>Safety Equipment</b>	
On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Row		Seat Position	
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
01 UNIT INDIVIDUAL	<b>Injury</b> <b>NO APPARENT INJURY</b>		Airbag
	Ejected	Ejection Path	Trapped/Extricated
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run#
	Hospital	Date of Death	Time of Death

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<b>UNIT</b> <b>INDIVIDUAL</b>          <b>01</b> <b>001</b>	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		