

6TL0CR2KRZ

22-08575

# 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>SC22-08575</b>		Investigating Officer/Deputy <b>DEPUTY Z. DRILL</b>	
Crash Date <b>08/29/2022</b>		Crash Time <b>05:25 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>08/29/2022</b>		Time Notified <b>05:30 AM</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

<b>ON STH33 EB 567 FT S OF THOMPSON RD IN THE TOWN OF LA VALLE IN SAUK COUNTY</b>	Latitude <b>43.605039281</b>	Longitude <b>-90.137555649</b>
	X Coordinate <b>246780.234375</b>	Y Coordinate <b>4832791</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>PASSENGER VAN</b>				Operating As Endorsements	
	Total Occs <b>1</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>SOUTHBOUND</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>ADK9436</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>5FNRL6H75MB013238</b>	Make <b>HONDA</b>	Year <b>2021</b>	Model <b>ODYSSEY</b>
			Color <b>BLU - BLUE</b>	Body Style <b>VN - VAN</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>SHIELDS TOWING</b>		
			What Driver Was Doing	Vehicle Factors		
			Driver Prior Action Other			
			Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	UNIT	VEHICLE	Owner Name	Owner Address		
01	UNIT	VEHICLE	<b>Policy Holder</b>			
			Insurance Company <b>AUTO-OWNERS-INS-CO</b>	Individual <b>MARIA BRUMMEYER</b>		
01	UNIT	INDIVIDUAL	<b>Individual</b>			
			Driver <b>MARIA J BRUMMEYER</b> <b>(414) 881-5825</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>	
			Address <b>W9731 GEHRI RD</b> <b>WONEWOC, WI 53968 , US</b>	Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	UNIT	INDIVIDUAL	<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		
			<b>Injury</b>	Injury Severity <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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UNIT INDIVIDUAL 01 001	<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 NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
Individual Condition APPEARED NORMAL				