6TL0D0GSJX 22-08780

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/02/2022

Crash Time 08:44 PM

	DocumentNumber Override Primary Crash Document#			Agency Crash Number SC22-08780		I	Investigating Officer/Deputy DEPUTY G. AKERS			
×	Crash Date Crash Time 09/02/2022 08:44 PM		Date Arrived		Time	Time Arrived				
DOGSJX	Date Notified 09/02/2022	Time Notified 08:45 PM	, 0.0, 0, 7,		its To		al Injured Total Killed 00		1	
Ō.	On Emergency Hit and Run		e Closure Wo		rk Zone		railer or Towed		Reporting Threshold	
6TL0	Government Property	NO NO	I I		Tags	ags				
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Υ		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location ——									
Ī	ON STH33 EB				Latitude			Longitud	ło	
	0.32 MI W				43.503403926		-89.612			
	OF BREEZY HILL RD									
	IN THE TOWN OF FAIRFIEL	n			X Coordin	ate	Y Coordi 482003		inate	
	IN SAUK COUNTY	Ь			288805.6	55625			5	
	IN SAUK COUNT				Structure	Type				
				Structure Type NO STRUCTURE						
(Crash Scene									
1	First Harmful Event First Harmful Event Location									
		IAL (ALIXE)			ON ROA		Cadors			
	NON DOMESTICATED ANIM	IAL (ALIVE)								
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway Factor(s)					
Ī	Environment Factor(s)				1					
İ	Weather Condition(s)			1						
ľ	Animal Type					Relation To Trafficway				
	DEER				TRAFFICWAY - ON ROAD					
ŀ					Crash Classification - Jurisdiction					
	Crash Classification - Location PUBLIC PROPERTY				NO SPECIAL JURIS					
	Tribal Land				Access Control				I o	
	Ilibaicand								Special Study	
L										
Į	Unit Summary 💳									
				perating As Classification			Unit Type			
	IN TRANSIT	D CLASS			AUTON					
ŀ	Vehicle Type						Operating As Endorsements		manta	
0	PASSENGER CAR					Operating As Endorsellents				
_	<u> </u>									
	Total Occs	Train/Bus#Recorded Total#Citi		Citations Issued Total 0		Total Traile			Mat Types	
	1						0			
	Insurance? YES	Direction Of Travel EASTBOUND	Pre C	, Speed Lim		it TotalLanes		es es		
LINO							 Emergency Motor Vehicle Use		iolo i Ino	
5	Most Harmful Event: Collision Wit NON DOMESTICATED ANIM	Special Function NO SPECIAL FUNCTION		TION			orgency Motor Venicle Use OT APPLICABLE			
}	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	•	Tidino Consion				The second of th				
	Surface Type	Road Curvature			Road Grade					

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	Truc	ok Bus or HazMat					· ·		
	200768753	Vehicle							
		License Plate Number		Plate Type	St	Country of Issuance			
UNIT 01		235ZUW		AUT - AUTOMOBILE	WI	UNITED STATES			
	5	Vehicle Identification Number		Make	Year 2016	Model CAMRY			
		4T1BD1FK8GU187210		TOYOTA					
		Color SIL - SILVER (ALUMINUM)		Body Style Bus Use					
	щ	Initial Contact Point		Vehicle Damage					
	₫	01 - RIGHT FRONT CORNE	R	01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, % 10 10					
	VEHIC	Extent Of Damage DISABLING DAMAGE		11 - LEFT FRONT CORNER, 12 - FRONT					
	7	Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLIN	G DAMAGE	CRAIGS TOWING					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
		Driver Actions							
	щ	NO CONTRIBUTING ACTION							
Ì≒	$\overline{\mathbf{c}}$								
NS NS	VEHICLE								
	7								
		OwnerName		Owner Address					
_									
2	5								
Ħ		Policy Holder							
5		Insurance Company GE!CO-CASUALTY-CO		Individual TIMOTHY DETERS					
		Driver HANNAH ELIZABETH DETERS (608) 434-1358		Citations ssued					
				0	0 FEMALE				
	OMDUA	(000) 434-1330		Date of Birth	Race WHITE				
ş	8	Adding							
5		Address 125 14TH AVE BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Z								
	Sai	On Duty Crash fety Equipment		Safety Equipment					
		Row	Seat Position	SHOULDER & LAP	RELT				
		NOW	Geat Fusiant						
		Helmet Use		HelmetCompliance					
		Eye Protection Injury Severity NO APPARENT INJURY		TintCompliance					
_	_			Airbag					
01	8								
		Ejected Ejection Path				Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		ENCAGENCY IDENTITIES		EIVIO RUN#			
		Hospital		Date of Death		Time of Death			

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							• •
		Distracted By Source	e				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
,	UAL						
UNIT	INDIVIDUAL						
	2						
							,
		Action Other					To/From School
	1	Drug & Alcohol Suspected Alcohol C	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	coholTestType AlcoholTestRes			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
01	100	Drug Type					
	\mathbb{T}						
		Individual Condition					
		APPEARED NORMAL					
l		L					