6TL0CBQ6QW 22-10341

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/17/2022

Crash Time 06:32 PM

	DocumentNumber Override Primary Crash Document#		Agency Crash Number 22-10341			Investigating Officer/Deputy DEPUTY A. JAHNKE					
ВабаW	Crash Date		Date Arrived		Time	Time Arrived					
306	Date Notified 10/17/2022	Time Notified 06:40 PM	, 512, 5,1116		Total		Ilnjured	njured Total Killed 00			
၁	On Emergency Hit and Run Lan		Closure	osure Work Zone		-	Trailer or Towed		Reporting Threshold		
6TL	Government Property	School NO	I I		Tags	rags					
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	ťΥ	£	Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ———										
	ON STH23 WB				Latitude			Longitud	e		
	0.60 MI W				43.533537332		-89,9034				
	OF COUNTY LAND FILL LN			X Coordinate							
	IN THE TOWN OF EXCELSION	OR							pordinate		
	IN SAUK COUNTY				265393.5	59375		482416	2		
	M DAGR GGGRA				Structure	Type					
					NO STR						
L	Crash Scene				l						
,											
	First Harmful Event					iful Event Lo	cation				
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROADWAY						
Ī	Manner of Collision				Light Cond	Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT									
Ì	Road Surface Condition(s)				Roadway	Factor(s)					
					• ','						
	Environment Factor(s)										
	Weather Condition(s)	Veather Condition(s)									
-	Animal Type					Relation To Trafficway					
	DEER Crash Classification - Location				TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction						
}											
	PUBLIC PROPERTY				NO SPECIAL JURISE Access Control						
ŀ	TribalLand								Special Study		
	Houseline								opecial olddy		
Ŀ											
	Unit Summary										
	Unit Status V			Vehicle Operating As Classification			UnitType				
	IN TRANSIT	D CLASS				AUTOMOBILE					
_ [Vehicle Type				Operating As Endorsements			ments			
01	(SPORT) UTILITY VEHICLE										
ŀ	Total Occs	Total#Citations Issued 0		Total Traile		Trailers Total Haz/\ 0		Mat Types			
								• •			
ŀ	Insurance?	Direction Of Travel Pre CrashTi			<u> </u>				es		
<u>.</u>		WESTBOUND Pre Crash I			5 0,50042."		, , , , , , , , , , , , , , , , , , , ,				
LINO	Most Harmful Event: Collision With Special Function						Emergency Motor Vehicle Use				
)	NON DOMESTICATED ANIM	NO SPECIAL FUNCT		TION		NOT APPLICABLE					
}	Traffic Way					Traffic Control Inoperative/Missing					
	rance traj	Traffic Control				Traine Control moperative/ivitssing					
	Surface Type	Road Curvati	Poad Curvature				Road Grade				
		1 STORA ORIVALAIE			, 1004 01000						

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	Truc	ck Bus or HazMat								
		Vehicle								
10		License Plate Number RPM33		Plate Type PAK - PACKER	St Wi	Country of Issuance				
		Vehicle Identification Number		Make	Year	Model	•			
	VEHICLE 01	JTMRFREVXJJ253837 Color		TOYOTA Body Style	2018	RAV4 Bus Use				
		DGR - GREEN, DARK		UT - SPORT UTILITY VEHICLE						
		Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage						
TIND		Extent Of Damage FUNCTIONAL DAMAGE								
		Towed Due To Damage TOWED DUE TO DISABLIN	IG DAMAGE	Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
 -	VEHICLE	NO CONTRIBUTING ACTION								
	Ŧ									
	7									
		Owner/Address								
2	5									
ĬN N		Policy Holder Insurance Company Individual								
á		STATE-FARM-GENERAL-INS-CO		PAMELA MAC LE	OD					
		Individual								
		Driver PAMELA J MAC LEOD		Citations Issued 0	Sex FEMALE					
		(608) 727-3850		Date of Birth	Race WHITE					
ş	DIMIDITA	Address		Driver License Number						
-	2	E4621 WOODLAWN DR LOGANVILLE, WI 53943 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment		Safety Equipment						
		Row	Seat Position	SHOULDER & LA	SHOULDER & LAP BELT					
		11-2		11-2						
		Heimet Use		Helmet Compliance						
	100	Eye Protection		Tint Compliance						
10		Injury Severity NO APPARENT INJURY		Airbag						
		Ejection Path		1		Trapped/Extricated				
		Medical Transport		EMS Agency Identifie	er	EMS Run#				
		NOT TRANSPORTED		Data of D - 45		Time of Depth				
		Hospital		Date of Death		Time of Death				

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		Distracted By Source						
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action Prior Action	·					
		Action						
	JAL							
LINO	INDIWIDUAL							
ٔ ر	ND							
	_							
		Action Other					To/From School	
	Ĺ	Drug & Alcohol NO	l Use	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		S		
٦	001	Drug Type			•			
		Individual Condition						
		APPEARED NORMAL						
))								

Form DT4000