6TL0C22XXC 22-10431

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/19/2022

Crash Time 08:30 PM

	DocumentNumber Override Primary Crash Document#			Agency Crash Number 22-10431			Investigating Officer/Deputy DEPUTY A. WILCOX				
XC	Crash Date Crash Time 10/19/2022 08:30 PM			Date Arrived		Time	Time Arrived				
×	Date Notified	Time Notified		TotalUn	its		Total	Injured	Total Killed	ł	
22	10/19/2022	08:34 PM		01			00		00		
ပ္ပု	On Emergency Hit and Run		Lane Closu	Closure		rk Zone		Trailer or Towed		Reporting Threshold	
6TL0C22XX	Government Property Active School Zone			School Bus Related NO		Tags	īags				
	▼ Reportable	Crash Type NON-DOMESTICA	ATED ANIM	AL W/ N	O INJUR	Y		Amended		Secondary Crash	
	i, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ——										
i	ON STH33 EB					Latitude			Longitud	lo.	
	29 FT W							_		2174628	
	OF THIES RD				43.573904961			-90.102			
	IN THE TOWN OF LA VALLE					X Coordin	ate	Y Coordina		inate	
		•				249506.6	325	482922		:6	
	IN SAUK COUNTY					Ctra cota cro	T.//20				
						Structure					
						NO STR	JCTURE				
-	Crash Scene										
,											
	First Harmful Event					l	ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA	DWAY	ιY			
l	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPOR	т			-3					
-			•			Deeduses	T4V-)				
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURIS					
						Access Control				Special Study	
	Unit Summanı										
	Unit Summary -		157.5	, , _							
	1			Vehicle Operating As Class		assitication		UnitType			
				D CLASS					AUTOMOBILE		
_ 1	Vehicle Type					Operating As Endorsements			ments		
0	(SPORT) UTILITY VEHICLE						'				
-	Total Occs	Train/Bus#Recorded	I Taka	1#Citatia		1 Total Trail		L ers Total HazMat Types			
	1 0 Insurance? Direction Of Travel			Total#Citations Issued 0		0		0		wat rypes	
			0								
			Pre CrashTire		Speed Lim		nit Total Lanes		es		
-	YES	EASTBOUND		M	lark						
L N	:-9							Emergency Motor Vehicle Use			
		h	I Spe	NO SPECIAL FUNC		TION		NOT APPLICABLE			
⊃	Most Harmful Event: Collision Wit					TION		NOT APF	LICABLE		
<u>ק</u>	Most Harmful Event: Collision With NON DOMESTICATED ANIM		NO	SPECIA	L FUNC	TION					
<u>ה</u>	Most Harmful Event: Collision Wit		NO		L FUNC	TION			trol Inopera		
כ ס	Most Harmful Event: Collision With NON DOMESTICATED ANIM		NO	SPECIA	L FUNC	TION					
ה ה	Most Harmful Event: Collision With NON DOMESTICATED ANIM		NO Traf	SPECIA	L FUNC	TION			itrol Inopera		

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	True	ruck Bus or HazMat						
		Vehicle License Plate Number	Plate Type	St	Country of issuance			
		808ZMG	AUT - AUTOMOBILE	WI	UNITED STATES			
2	VEHICLE 01	Vehicle Identification Number 3G5DA03LX7S517563	Make BUICK	Year 2007	Model RENDEZVOUS			
		Color WHI - WHITE	Body Style UT - SPORT UTILITY	Bus Use				
 <u>=</u>		Initial Contact Point 12 - FRONT	Vehicle Damage			7 8 9 10 11		
INN		Extent Of Damage FUNCTIONAL DAMAGE	01 - RIGHT FRONT C	RONT	5 12 5 4 8 2 1			
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR					
		What Driver Was Doing	Vehicle Factors					
		Driver Prior Action Other						
	111	Driver Actions NO CONTRIBUTING ACTION						
LINI	VEHICLE							
>	ġ							
		GwnerName	Owner Address					
2	5							
 -		Policy Holder	I					
N L		Insurance Company NATIONAL-GENERAL-INS-CO	Individual CAROLINE STOCK			<u> </u>		
		Driver CAROLINE ANN STOCKWELL	Citations Issued 0	Sex FEMALE	LE			
_		(608) 415-9665	Date of Birth	Race WHITE				
S	DIMDUA	Address 517 N EAST ST	Driver License Number					
	=	WONEWOC, WI 53968 , US	STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash fety Equipment	Safety Equipment					
	. 001	Row Seat Position	SHOULDER & LAP BELT					
		Helmet Use	Heimet Compliance					
		Eye Protection	Tint Compliance					
2		Injury Severity Injury NO APPARENT INJURY	Airbag					
		Ejection Path			Trapped/Extricated			
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#			
		Hospital	Date of Death		Time of Death			

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		Distracted By Sour	ce				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
	7						
_	INDIWIDUAL						
UNIT	8						
5	=						
	Z						
	-						
		Action Other					To/From School
							10/1/10/1/100/100/
		L Suspected Alcohol	lise	Suspected Drug Use			
	į	Drug & Alcohol	NO				
		Alcohol Test Given	Alcohol Test Type	pe Alcohol Test Results			
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
_	_	Drug Type			1		
0	8						
		Individual Condition					
		45554555 465441					
		APPEARED NORMAL					