6TL0D5DXZV 22-10401

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 05:15 AM

	Document Number Override	Primary Crash Document# Agency Crash Nut 22-10401				stigating Officer/Deputy				
2	Crash Date Crash Time 05:15 AM		Date Arrived		Time	Time Arrived				
5DXZV	Date Notified 10/19/2022	Time Notified 05:18 AM	, 512, 5, 113		Total		Injured Total Killed 00			
LOD	On Emergency	it and Run Lane (Closure		rk Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Property	Active School Zone	NO NO	Bus Relat	ed	Tags				
	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 ———									
	ON STH33 EB				Latitude			Longitud	9	
	0.49 MI S				43.496237654		-89.633			
	OF CTHU SB								,909039	
	IN THE TOWN OF GREENFI	EIN			X Coordina	ate		Y Coordi	nate	
		ELD		287041.28125			4819294		4	
	IN SAUK COUNTY									
					Structure Type NO STRUCTURE					
	Crash Scene									
1	First Harmful Event				Te:	f 1=				
						ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROADWAY Light Condition					
Ì	Manner of Collision									
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT								
ŀ					D d	T4/-\				
	Road Surface Condition(s)				Roadway	Roadway Factor(s)				
	Environment Factor(s)				1					
ŀ	Weather Condition(s)					1				
	Weather Condition(s)									
	Animal Type DEER Crash Classification - Location				Relation To Trafficway TRAFFICWAY - ON ROAD					
Ì					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURIS		RISDICTION				
ŀ	TribalLand								Consideration of the control of the	
	Ilibaicand			Access Control				Special Study		
L										
	Unit Summary 💳									
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType			
				Vehicle Operating As Classification			· ·			
	IN TRANSIT			D CLASS				AUTOMOBILE		
_ [Vehicle Type			Operating As Endorsements			ments			
01	(SPORT) UTILITY VEHICLE									
ŀ	Total Occs Train/Bus#Recorded Total#Citations Issue			no lecued	1 Total Trail		lers Total HazMat Types			
	2		Total # Citations Issued Pre CrashTire		0		0		viat i ypes	
	Insurance?	es								
<u>. </u>	YES EASTBOUND			Mark						
LINO	Most Harmful Event: Collision With Special Function						Emergency Motor Vehicle Use			
j		NO SPECIAL FUNC		TION		NOT APPLICABLE				
	NON DOMESTICATED ANIM	IAL (ALIVE)		A LUAL I GITO HOIT						
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
		1								
ł	Surface Type	Road Curvati	Road Curvature				Road Grade			
	>	, toda odi ratdio			(

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	Truc	Truck Bus or HazMat							
		Vehicle							
	VEHICLE VEHICLE 01	License Plate Number 575TYG	Plate Type AUT - AUTOMOBILE	St WI	Country of issuance UNITED STATES				
2		Vehicle Identification Number JA4AP3AU1HZ070515	Make MITSUBISHI	Year 2017	Model OUTLANDER				
		Color BLU - BLUE	Body Style UT - SPORT UTILITY	Bus Use					
UNIT		Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other	-						
UNIT		Driver Actions NO CONTRIBUTING ACTION							
	Щ Э	Owner Vanie	Owner Address						
٤	5								
_		Policy Holder	1						
IN I		Insurance Company GEICO-ADVANTAGE-INSURANCE-CO	Individual DIANA TYCZYNSKI	3.00.000					
	INDIVIDUAL	Individual							
		Driver DIANA KAY TYCZYNSKI	Citations Issued 0	Sex FEMALE					
⊨		(608) 369-0087	Date of Birth	Race WHITE					
TNO.		Address 1602 KINGS MILL WAY # 104 MADISON, WI 53718, US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	On Duty Crash Safety Equipment		Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
		HelmetUse	HelmetCompliance						
	100	Eye Protection	TintCompliance						
2		Injury Severity 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 Source								
		Distracted By							
		Distracted By Action							
			le a						
		Non Motorist Striking Unit	# Location						
		Prior Action							
		Action							
	7								
_	INDIWIBUAL								
UNIT	ME								
_	Q								
	_								
		Action Other					To/From School		
							1 O/From School		
		Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO					1		
	L		NO						
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN	Drug Test Type		Drug Test Results				
		Drug Test Given TEST NOT GIVEN	Diag restrype		Ding restresums				
01	001	Drug Type	•		•				
	0								
		Individual Condition							
		APPEARED NORMAL							