6TL0D9428Z 22-10623

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/24/2022

Crash Time 10:37 PM

	Document Number Override	Primary Crash Document#	Agency Crash Number SC22-10623		ımber	Investigating Officer/Deputy DEPUTY M. PETERSON				
78	Crash Date Crash Time 10/24/2022 10:37 PM		Date Arrived		Time	Time Arrived				
0D9428Z	Date Notified Time Notified 10/24/2022 10:41 PM		Total Units 01			Tota 00	Total Injured Total Kille 00 00			
	On Emergency	it and Run Lane (Closure		Work Zone		Trailer or Towed		Reporting Threshold	
6TL	Government Property	Active School Zone Crash Type	NO NO	Bus Relat	ed 	Tags				
	Reportable	NIMAL W/ NO INJURY				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				1 atituda			Langitud	lo.	
	115 FT W				Latitude 43.634401429		Longitude -90.175962269			
	OF DREAMLAND DR				43.63440	71429	Y Coordi 483617		902209	
		_			X Coordina	ate			inate	
	IN THE TOWN OF LA VALLE	-			243805.2	8125			0.5	
	IN SAUK COUNTY									
					Structure 1	• .				
(Crash Scene									
1					I =:					
	First Harmful Event					fulEventLo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROADWAY					
l	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
ŀ					Doodway	Eastar(a)				
	Road Surface Condition(s)				Roadway Factor(s)					
	Environment Factor(s)									
	Weather Condition(s)									
ĺ	Animal Type DEER Crash Classification - Location				Relation To Trafficway					
					TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
ŀ										
	PUBLIC PROPERTY			1		SDICTION				
ŀ				Access Control				0		
	Tribal Land							Special Study		
l										
- (Unit Summary									
	Unit Status		Vehicle Opera	ating As C	lassification		UnitType			
				D CLASS				AUTOMOBILE		
							Operating As Endorseme			
0	Vehicle Type						Operating A	\s Endorser	nents	
0	PASSENGER CAR									
l	l l		Total # Citations Issued 0		Total Traile		railers Total Hazñ		Mat Types	
	Insurance?	Direction Of Travel	ravel Bro Crook Tim			Speed Lim		TotalLane	es	
,	YES	EASTBOUND	Pre CrashTire Mark			, Johnson Line		1		
LIND							Emergency Motor Vehicle Hea		iolo i Ico	
5	Most Harmful Event: Collision Wit	Special Function NO SPECIAL FUNCT		TION		Emergency Motor Vehicle Use NOT APPLICABLE				
	NON DOMESTICATED ANIM			11014						
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type	Road Curvatu	Road Curvature		Road Grade		€			

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	Truc	Truck Bus or HazMat							
			Plate Type St Country of Issuance						
	VEHICLE 01	License Plate Number ARF4664	Plate Type AUT - AUTOMOBILE	WI	UNITED STATES				
5		Vehicle Identification Number JN8AZ18W59W126510	Make NISSAN	Year 2009	Model MURANO S/S	10 S/S			
		Color BLK - BLACK	Body Style LL - CARRYALL	•	Bus Use				
 ⊑		Initial Contact Point 12 - FRONT	Vehicle Damage 7. 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10						
TIND		Extent Of Damage FUNCTIONAL DAMAGE	CORNER S 4 8 2 3						
		Towed Due To Damage NOT TOWED	Vehicle Removed By SHIELDS TOWING						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
	ц	Driver Actions NO CONTRIBUTING ACTION							
NS NS	VEHICLE								
	7								
۶	5	Owner Varie	Chines Address						
TIND		Policy Holder							
Ś		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual DUAINE STONE						
	•								
		Driver DUAINE A STONE	Citations Issued 0	Sex MALE					
 -	IDIVIDIVA	(608) 415-9181	Date of Birth	Race WHITE					
N N	NON	Address 405 ELM ST	Driver License Number						
		MAUSTON, WI 53948 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
		HelmetUse	Helmet Compliance						
	100	Eye Protection	TintCompliance						
2		Injury Severity NO APPARENT INJURY	Airbag						
		Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#				
	Hosp≋al		Date of Death		Time of Death				

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						(000) 000 4000	
	Distracted By Dist	racted By Source					
	Distracted By Action						
	Non Motorist	ing Unit# Location					
	Prior Action	•					
	Action						
_							
	Action Other					To/From School	
	Drug & Alcohol NO	pected Alcohol Use	Suspected Drug Use NO	Suspected Drug Use NO			
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test T	Alcohol Test Type Alcohol Te				
	Drug Test Given TEST NOT GIVEN	Drug Test Typ	Drug Test Type		ults		
2 8	Drug Type						
	Individual Condition						
	APPEARED NORMAL						
	XIIIIX.						