6TL0CVRP4P 22-11197

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/08/2022

Crash Time 05:59 PM

	Document Number Override Primary Crash Document# Agency Crash 1 22-11197					stigating Officer/Deputy RGEANT B. LUBER				
4P	Crash Date Crash Time 11/08/2022 05:59 PM		Date Arrived		Time	Time Arrived				
6TL0CVRP	Date Notified 11/08/2022	Time Notified 06:02 PM	, 512, 51,		its To		al Injured Total Killed 00			
၁	On Emergency	it and Run Lane (Closure		rk Zone	L	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	
	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location									
Ī	ON STH33 WB				Latitude			Longitud		
	397 FT S				43.485629724				703349	
	OF MAN MOUND RD PRIVAT	re			43.46302	29124	-09.040		1103349	
	IN THE TOWN OF GREENFI					X Coordinate		Y Coordi	inate	
		ELD			286459.375		481813		3	
	IN SAUK COUNTY				Cturreture	T				
					Structure Type					
	Crash Scene									
,					I =:					
	First Harmful Event					ıful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY				
Ì	Manner of Collision				Light Cond	dition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
ŀ				Bandway 5			oto wo			
	Road Surface Condition(s)				Roadway Factor(s)					
-					-					
	Environment Factor(s)									
				_						
	Weather Condition(s)									
	Animal Type									
l										
						Relation To Trafficway				
	DEER				TRAFFICWAY - ON ROAD					
ŀ	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control						
ŀ	TribalLand							Caracial Chudu		
	I HOM SMIC							Special Study		
L										
Į	Unit Summary 💳									
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType			
	IN TRANSIT	D CLASS		AUTOMOI		BILE				
				5 02.00				Operating As Endorsements		
01	Vehicle Type						Operating A	\s Endorser	nents	
0	PASSENGER CAR									
Ī	Total Occs Train/Bus#Recorded		Total#Citations Issued 0		Total Traile		railers Total Hazñ		Mat Types	
ŀ	Insurance?	Direction Of Travel	tion Of Travel Pre Crash Tin			Speed Lim		nit Total Lanes		
_	YES	WESTBOUND	1 1	,		1				
LINO							Emergency Motor Vehicle Hen		iolo i Ico	
5	Most Harmful Event: Collision Wit	Special Function		TION		Emergency Motor Vehicle Use NOT APPLICABLE				
	NON DOMESTICATED ANIN	NO SPECIAL FUNCTI		11011						
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type		Road Curvati	ure			Road Grade			

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	Truc	ck Bus or HazMat								
		Vehicle		101101101101101101101101101101101101101						
UNIT 01		License Plate Number		Plate Type	St	Country of Issuance	9			
		999WBW Vehicle Identification Number		AUT - AUTOMOBILE	Wi Year	Model Model	s			
	5	1C3CCCEG2FN500480		CHRYSLER	2015	200				
		Color BLK - BLACK		Body Style SD - SEDAN	•	Bus Use	Bus Use			
	VEHICLE	Initial Contact Point		Vehicle Damage		7 8 9 10 11				
		01 - RIGHT FRONT CORNER Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CO	ORNER, 12 - F					
	7	Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLI	NG DAMAGE	CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
_	Щ	NO CONTRIBUTING ACTION								
	VEHICLE									
_	3									
		OwnerName		Owner Address						
٤	5	CONTRACTOR SEE								
°	•									
<u> </u>		Policy Holder								
\ N		Insurance Company AMERICAN-FAMILY-INS-CO		Individual KATHRYN GRIFFIN		311111111111111111111111111111111111111				
		Driver KATHRYN ANN GRIFFIN (608) 432-3748		Citations Issued	Citations Issued Sex					
				0	FEMALE					
<u>. </u>	DIMIDITA			Date of Birth	Race WHITE					
ş	፷	Address		Driver License Number						
-	Z	624 MADISON AVE BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment		Safety Equipment						
		Row	Seat Position	SHOULDER & LAP	ILDER & LAP BELT					
10										
		Helmet Use		Heimet Compliance						
	100	Eye Protection		Tint Compliance						
		Injury Severity NO APPARENT INJURY		Airbag						
		Ejected 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	y Source				
	Distracted By Action					
	Non Motorist Striking Unit	# Location				
	Prior Action					
	Action					
. 3						
2						
	Action Other					To/From School
	Drug & Alcohol NO	Suspected Drug Use NO				
	AlcoholTestGiven TEST NOT GIVEN	Alcohol Test Type	•		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	I	
<u>8</u>	Drug Type			1		
	Individual Condition					
	APPEARED NORMAL					

Wisconsin Motor Vehicle Crash

Form DT4000