6TL0D94293 22-11422

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/14/2022

Crash Time 06:06 PM

	Document Number Override	Primary Crash Document#		Agency Crash Number 22-11422			Investigating Officer/Deputy DEPUTY M. PETERSON				
33	Crash Date 11/14/2022	Crash Time 06:06 PM			Date Arrived		Time	Time Arrived			
6TL0D9429	Date Notified 11/14/2022	Time Notified 06:09 PM		Total Units 01		Total 00		Injured Total Killed 00			
	On Emergency	it and Run	Lane Closu			ork Zone		Trailer or Towed		Reporting Threshold	
6T	Government Property Active School Zone			School Bus Related NO			Tags	Tags			
	Reportable	Crash Type NON-DOMEST	ICATED ANIM	AL W/ NC	INJUR	Y		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ———										
- {	ON STH33 WB					Latitude Longitude					
	0.53 MI W			_		43.552371525 X Coordinate		-90.061 Y Coord		1838339	
	OF TWIN PINE RD										
	IN THE TOWN OF REEDSBU	JRG				252675.671875 4826713				3	
						Structure Type NO STRUCTURE					
	Crash Scene										
1	First Harmful Event					Cirot Uarno	ful Evantle	antion .			
	NON DOMESTICATED ANIM	IAL (ALIVE)				First Harmful Event Location ON ROADWAY					
ŀ	Manner of Collision	AL (ALIVE)									
	00 - NO COLLISION W/VEHI	CLE IN TRANSPO	ORT			Light Condition					
ŀ	Road Surface Condition(s)					Roadway	Factor(s)				
	stada adirida adiridisina)					, todatiay	, 40.01(0)				
	Environment Factor(s)										
ŀ	Weather Condition(s)										
	AnimalType				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location PUBLIC PROPERTY Tribal Land				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
						Access Control		- I I I I I I I I I I I I I I I I I I I		Special Study	
	i noui cana					Access Control				Special Study	
Į.	Init Cummon										
	Unit Summary Unit Status		\/oh	icle Operat	tina As C	laccification		I I mit Turns			
				icle Operating As Classification			UnitType AUTOMOBILE				
	IN TRANSIT D CLASS Vehicle Type				Operating As Endorsements						
0	PASSENGER CAR						Operating	5 <u>Lituui</u> 561	10115		
ŀ				Total#Citations Issued		1 Total Tra		railers Total Haz		Vat Types	
	1		0				0			0	
		Direction Of Travel		Pre CrashTire		Speed Lii		mit Total Lane		es .	
LIND	YES WESTBOUND			Mark				Emergency Motor Vehicle Use			
5	MostHarmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			Special Function NO SPECIAL FUNCTION		TION		NOT APPLICABLE			
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	Surface Type			Road Curvature				Road Grade			

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	Truc	Fruck Bus or HazMat							
		Vehicle License Plate Number	Plate Type	T St	Country of issuance				
	VEHICLE 01	KR!0KE	AUT - AUTOMOBILE	WI	UNITED STATES				
5		Vehicle Identification Number 2G61S5S36D9148719	Make CADILLAC	Year 2013	Model XTS				
		Color RED - RED	Body Style SD - SEDAN		Bus Use				
TIND		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT (Abid Brown B)						
5		Extent Of Damage DISABLING DAMAGE							
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE						
		What Driver Was Doing Driver Prior Action Other	Vehicle Factors						
_	Щ	Driver Actions NO CONTRIBUTING ACTION							
IN D	VEHICLE								
		OwnerName	Cwine*Address						
۶	5	COURT VALUE	CHAIRE MODIESE						
Ĭ N		Policy Holder Insurance Company	Individual						
5		ACUITY,-A-MUTUAL-INSURANCE-CO	DONALD HAWORT						
	INDIVIDIA (8)	Individual Driver	Citations issued Sex						
		DONALD A HAWORTH	0	MALE	LE				
 -		(866) 866-5006	Date of Birth	Race WHITE	E				
N N		Address 871 KLONDIKE AVE	Driver License Number						
		HILLSBORO, WI 54634 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash [ety Equipment]	Safety Equipment						
	001	Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT					
		HelmetUse	Helmet Compliance						
		Eye Protection	TintCompliance						
2		Injury Severity NO APPARENT INJURY	Airbag						
		Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#				
		Hospital Propietal	Date of Death		Time of Death				

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		Distracted By Source	æ					
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action Prior Action						
		Action						
	7							
<u>.</u>	9							
UNIT	INDIWIDUAL							
	Ź.							
	Z							
	_							
		Action Other					To/From School	
		Suspected Alcohol						
	į	Drug & Alcohol NO	Suspected Drug Use NO					
		Alcohol Test Given	Alcohol Test Type		Alcohol Test Re		esults	
		TEST NOT GIVEN						
		Drug Test Given Drug Test NOT GIVEN		estType Drug TestResul		Its		
		TEŠT NOT GIVEN			-			
_	~	Drug Type	1					
01	8	3 7.						
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORWAL						