6TL09XQZ4V 22-11951

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/29/2022

Crash Time 04:29 PM

	Document Number Override	Primary Crash Document#		Agency Crash Number 22-11951		Investigating Officer/Deputy DEPUTY I. GALVAN					
¥	Crash Date 11/29/2022	Crash Time 04:29 PM			Date Arrived		Time	Time Arrived			
09XQZ	Date Notified 11/29/2022	Time Notified 04:31 PM		Total Units 01		Total		I Injured Total Killed 00			
60-	On Emergency H	it and Run	Lane Clos			Vork Zone		Trailer or Towed		Reporting Threshold	
eTL	Government Property Active School Zone			School Bus Related NO			Tags	Tags			
	Reportable	Crash Type NON-DOMES	TICATED ANIM	IAL W/ NO	INJUR	Y	g	Amended		Secondary Crash	
	i, a sworn law enforcem	ent officer, agre	e that I have n	ot added	any CJ	S data in	this repo	rt.			
Ī	Location ——										
	ON STH58 NB					Latitude			Longitud	e	
	269 FT N					43.617113753 X Coordinate		_		0268761	
	OF SECTION 11 RD								V Coordi	Coordinate	
	IN THE TOWN OF LA VALLE IN SAUK COUNTY				248225.890625			4834079.5			
						Structure Type NO STRUCTURE					
(Crash Scene										
1	First Harmful Event					Circt Uarro	ful Event Lo	aatian			
	NON DOMESTICATED ANIM						cauon				
		AL (ALIVE)				ON ROADWAY					
	Manner of Collision	OLE IN TRANSP	OBT			Light Cond	dition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSP	URI								
Road Surface Condition(s)						Roadway	Factor(s)				
ŀ	Environment Factor(s)										
Weather Condition(s)											
	AutoralTura										
	AnimalType DEER					Relation To Trafficway TRAFFICWAY - ON ROAD					
					112 2 1 1 2 1 1 2 1 1 2 1 2 1 2 1 2 1 2						
	Crash Classification - Location PUBLIC PROPERTY Tribal Land					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
ŀ						Access Co		1		Special Study	
	1100120110					Access 00	211001			opecial Glady	
L	In it C										
	Unit Summary		I.v.			1 16 /		I =			
				Vehicle Operating As Classification				UnitType			
	IN TRANSIT D CLASS							AUTOMOBILE			
01	Vehicle Type						Operating A	.s Endorser	nents		
0	PASSENGER CAR										
	Total Occs	Train/Bus#Recon	led Total#Citations 0		is Issued	sued Tota				Total HazMat Types 0	
-	Insurance?	Direction Of Travel		Pre CrashTire						es	
	YES NORTHBOUND		J.	Mark Mark							
LIND	MostHarmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			Special Function NO SPECIAL FUNCTIO			TION		Emergency Motor Vehicle Use NOT APPLICABLE		
}	Traffic Way			ıffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			

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	Truck Bus or HazMat								
		Vehicle	nonomina de desperado de la composición		mananiani	ionenenenenenenenen			
	VEHICLE 01	License Plate Number ANZ5709	Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES			
2		Vehicle Identification Number KNDJT2A24B7318169	Make KIA MOTORS CORPOR	- 1	Year 2011	Model SOUL			
		Color WHt - WHITE	Body Style 4D - 4DR			BusUse			
UNIT		Initial Contact Point 01 - RtGHT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage 01 - RIGHT FRONT CO FRONT, 12 - FRONT	ORNER	, 02 - RIC	7 8 9 10 M GHT SIDE 6 12 5 4 3 2 1			
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
 <u> </u>	Щ	DriverActions NO CONTRIBUTING ACTION							
INN	VEHICLE								
٥	5	Centralie	Owner Address			i de la companya de			
l⊨		Policy Holder							
TNO.		Insurance Company GE!CO-GENERAL-INS-CO	Individual TODD BROWN						
	INDIVIDUAL								
		Driver LESLEY C BROWN (608) 404-6262	Citations Issued 0	Sex FEMA	ex Emale				
⊨		(000) 404-0202	Date of Birth	Race WHIT	E				
TNO.		Address 425 FRANKLIN ST REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash ety Equipment	Safety Equipment						
	001	Row Seat Position	SHOULDER & LAP BELT						
		HelmetUse	Heimet Compliance						
		Eye Protection	Tint Compliance						
10		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 Source Distracted By							
	Distracted By Action							
	Non Motorist Striking Unit#	Location						
	Prior Action							
	Action							
UNIT								
UNIT								
=								
	Action Other					To/From School		
	Drug & Alcohol NO	ol Use	Suspected Drug Use NO		'			
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results			
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Resu		5			
2 <u>8</u>	Drug Type							
	Individual Condition							
	APPEARED NORMAL							