### 6TL0DDT5MM

22-11987

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/30/2022

Crash Time 05:38 PM

	Document Number Override Primary Crash Document#			Agency Crash Number 22-11987			Investigating Officer/Deputy DEPUTY M. KYLE			
5MM	Crash Date		Date Arrived		Time	Time Arrived				
DT5	Date Notified 11/30/2022	Time Notified 05:40 PM	Total Units 01		Total		Injured Total Killed 00		ł	
0	On Emergency H	it and Run Lane (	ane Closure Wo		rk Zone		Trailer or T	owed	Reporting  Threshold	
6TL	Government Property	NO NO	School Bus Related NO		Tags	Tags				
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Υ	g	Amended		Secondary  Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location <b>——</b>									
į	ON CTHASB				Latitude			Longitud	•	
	0.42 MI N			4		43.509406257			924163	
	OF TRAP SHOOT RD									
	IN THE TOWN OF BARABO	n			X Coordina		Y Coord 482103			
	IN SAUK COUNTY	•			278603.3	75			0.5	
	IN SASK COSKII				Structure 7	Tyne		-		
						, ,,,,,				
L										
•	Crash Scene									
1	First Harmful Event				First Harm	fulEventLo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA					
		TAE (AEIVE)								
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway	Factor(s)				
	Environment Factor(s)									
	Weather Condition(s)			]						
	Animal Type				Relation To Trafficway					
	DEER			TRAFFICWAY - ON ROAD						
ľ	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control		ISDICTION				
ŀ	Tribal Land							Special Study		
	, , , , <u> </u>				7.0000000000000000000000000000000000000				opeoid/ clady	
L										
	Unit Summary 💳									
	Unit Status Ve			Vehicle Operating As Classification			UnitType			
	IN TRANSIT	D CLASS			AUTOMO		BILE			
	Vehicle Type						Operating As Endorsements		ments	
01	PASSENGER CAR									
-	Total Occs	Train/Bus#Recorded	Total#Citatio	Citations lesued		Total Traile		L ers TotalHazMatTypes		
	'		0	Total # Citations Issued		0		0	wat rypes	
	Insurance?	Direction Of Travel Pre CrashT			e Speed Lim		it TotalLanes		<del>2</del> 5	
	YES SOUTHBOUND			Mark						
LINO	Most Harmful Event: Collision Wit	Special Function		TION		Emergency Motor Vehicle Use				
_	NON DOMESTICATED ANIM	NO SPECIAL FUNCT		HON		NOT APPLICABLE				
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
ŀ	Surface Type	Road Curvature				Road Grade				
	••									

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	Truc	ck Bus or HazMat								
	100000000	Vehicle	40740740740740740740740740740740	0808080808080808080808080808080808	014014014014014014014014					
UNIT 01		License Plate Number		Plate Type	St	Country of Issuance	)			
		APS1700		AUT - AUTOMOBILE	WI	UNITED STATES	3			
		Vehicle Identification Number		Make	Year	Model				
	5	1G4HC5EM1AU127946		BUICK	2010	LUCERNE CX				
		Color		Body Style		Bus Use				
		GRY - GRAY		4D - 4DR						
	VEHICLE	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage		7 8 9 10 11				
	<u>≅</u>		К	44   EET ERONT CO	DNED 43 ED	ONT	6 12			
		Extent Of Damage FUNCTIONAL DAMAGE		11 - LEFT FRONT CO	RNER, 12 - FR	Oif I	5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		-								
		Driver Prior Action Other								
		Driver Actions								
١.	VEHICLE	NO CONTRIBUTING ACTION								
	<u>♀</u>									
⋽	曲									
		Owner Name Owner Address								
_										
2	5									
╻		Policy Holder								
H		Insurance Company		Individual						
>		WEST-BEND-MUTUAL-INS	s-co	DIANE HUFF						
		Individual								
		DIANE L HUFF		Citations Issued	Citations issued Sex					
				0 FEMALE						
	<b>.</b>			Date of Birth	Race WHITE					
E S	DIMDUAL									
5		Address 3582 13TH AVE WISCONSIN DELLS, WI 53965 , US		Driver License Number	Driver License Number					
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment						
	Sa	fety Equipment								
		Row	Seat Position	SHOULDER & LAP	BELT					
		Helmet Use		Helmet Compliance						
		Euro Protoction								
		Eye Protection		TintCompliance						
5		Injury Severity NO APPARENT INJURY Ejected Ejection Path		Airbag						
	8			· · · · · · · · · · · ·						
				Trapped/Extricated						
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death	Time of Death			

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							• •
		Distracted By Source	е				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
	4						
LIND I	3						
<b>-</b>	NOWIDUAL						
•	_						
		Action Other					To/From School
		Suspected Alcohol t	leo	Suspected Drug Use			
	Ĺ	Drug & Alcohol NO	Jse	NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type Alcohol Test Resi			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Result			
9	5	Drug Type	1				
_	•						
		Individual Condition					
		APPEARED NORMAL					
1000	SHISHIO						

Form DT4000