

6TL0CX0QB5

22-12052

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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|  |                                      |  |                                    |   |  |  |                    |
|--|--------------------------------------|--|------------------------------------|---|--|--|--------------------|
| Document Number Override                       |                                      | Primary Crash Document#                            |                                    | Agency Crash Number<br>22-12052           |  | Investigating Officer/Deputy<br>DEPUTY M. KYLE |                    |
| Crash Date<br>12/02/2022                       |                                      | Crash Time<br>05:54 PM                             |                                    | Date Arrived                              |  | Time Arrived                                   |                    |
| Date Notified<br>12/02/2022                    |                                      | Time Notified<br>05:56 PM                          |                                    | Total Units<br>01                         |  | Total Injured<br>00                            | Total Killed<br>00 |
| <input type="checkbox"/> On Emergency          | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure              | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Trailer or Towed |  | <input type="checkbox"/> Reporting Threshold   |                    |
| <input type="checkbox"/> Government Property   |                                      | <input type="checkbox"/> Active School Zone        |                                    | School Bus Related<br>NO                  |  | Tags   |                    |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br>NON-DOMESTICATED ANIMAL W/ NO INJURY |                                    | <input type="checkbox"/> Amended          |  | <input type="checkbox"/> Secondary Crash       |                    |

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

## Location

|   |  |                            |                            |
|---|--|----------------------------|----------------------------|
| ON BREEZY KNOLL LN/ STH123 NB<br>215 FT S<br>OF GALL RD<br>IN THE TOWN OF BARABOO<br>IN SAUK COUNTY |  | Latitude<br>43.444811465   | Longitude<br>-89.743812949 |
|   |  | X Coordinate<br>277971.625 | Y Coordinate<br>4813869.5  |
|   |  | Structure Type             |                            |

## Crash Scene

|   |  |  |               |
|---|--|--|---------------|
| First Harmful Event<br>NON DOMESTICATED ANIMAL (ALIVE)          |  | First Harmful Event Location<br>ON ROADWAY                     |               |
| Manner of Collision<br>00 - NO COLLISION W/VEHICLE IN TRANSPORT |  | Light Condition  |               |
| Road Surface Condition(s)                                       |  | Roadway Factor(s)  |               |
| Environment Factor(s)   |  |  |               |
| Weather Condition(s)  |  |  |               |
| Animal Type<br>DEER   |  | Relation To Trafficway<br>TRAFFICWAY - ON ROAD                 |               |
| Crash Classification - Location<br>PUBLIC PROPERTY              |  | Crash Classification - Jurisdiction<br>NO SPECIAL JURISDICTION |               |
| Tribal Land   |  | Access Control   | Special Study |

## Unit Summary

|            |   |                                   |  |                     |   |  |
|------------|---|-----------------------------------|--|---------------------|---|--|
| 01<br>UNIT | Unit Status<br>IN TRANSIT   |                                   | Vehicle Operating As Classification<br>D CLASS |                     | Unit Type<br>AUTOMOBILE                       |  |
|            | Vehicle Type<br>PASSENGER CAR   |                                   |  |                     | Operating As Endorsements                     |  |
|            | Total Occs<br>1   | Train/Bus # Recorded              | Total # Citations Issued<br>0                  | Total Trailers<br>0 | Total HazMat Types<br>0                       |  |
|            | Insurance?<br>YES   | Direction Of Travel<br>NORTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit         | Total Lanes                                   |  |
|            | Most Harmful Event: Collision With<br>NON DOMESTICATED ANIMAL (ALIVE) |                                   | Special Function<br>NO SPECIAL FUNCTION        |                     | Emergency Motor Vehicle Use<br>NOT APPLICABLE |  |
|            | Traffic Way   |                                   | Traffic Control                                |                     | Traffic Control Inoperative/Missing           |  |
|            | Surface Type  |                                   | Road Curvature                                 |                     | Road Grade                                    |  |

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|---------------------|------|------------|---|--|---|---|
| Truck Bus or HazMat |      |            |   |  |   |   |
| 01                  | UNIT | VEHICLE    | <b>Vehicle</b>  |  |   |   |
|                     |      |            | License Plate Number<br><b>202YGN</b>                           | Plate Type<br><b>AUT - AUTOMOBILE</b>        | St<br><b>WI</b>                         | Country of Issuance<br><b>UNITED STATES</b> |
|                     |      |            | Vehicle Identification Number<br><b>1N4AL3AP8EN376468</b>       | Make<br><b>NISSAN</b>                        | Year<br><b>2014</b>                     | Model<br><b>ALTIMA</b>                      |
|                     |      |            | Color<br><b>BLK - BLACK</b>                                     | Body Style<br><b>4D - 4DR</b>                | Bus Use                                 |   |
|                     |      |            | Initial Contact Point<br><b>12 - FRONT</b>                      | Vehicle Damage                               |   |   |
|                     |      |            | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                    | <b>12 - FRONT</b>                            |   |   |
|                     |      |            | Towed Due To Damage<br><b>NOT TOWED</b>                         | Vehicle Removed By<br><b>OPERATOR</b>        |   |   |
|                     |      |            | What Driver Was Doing   | Vehicle Factors                              |   |   |
|                     |      |            | Driver Prior Action Other                                       |  |   |   |
|                     |      |            | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                 |  |   |   |
| 01                  | UNIT | VEHICLE    | Owner Name  | Owner Address                                |   |   |
|                     |      |            |   |  |   |   |
| 01                  | UNIT | VEHICLE    | <b>Policy Holder</b>  |  |   |   |
|                     |      |            | Insurance Company<br><b>STATE-FARM-GENERAL-INS-CO</b>           | Individual<br><b>LAURA PLUEMER</b>           |   |   |
| 01                  | UNIT | INDIVIDUAL | <b>Individual</b>   |  |   |   |
|                     |      |            | Driver<br><b>LAURA T PLUEMER</b>                                | Citations Issued<br><b>0</b>                 | Sex<br><b>FEMALE</b>                    |   |
|                     |      |            | Date of Birth<br><b>[REDACTED]</b>                              | Race<br><b>WHITE</b>                         |   |   |
|                     |      |            | Address<br><b>1101 CONNIE RD # 1<br/>BARABOO, WI 53913 , US</b> | Driver License Number<br><b>[REDACTED]</b>   | STATE: WISCONSIN COUNTRY: UNITED STATES |   |
| 01                  | UNIT | INDIVIDUAL | <b>Safety Equipment</b>   |  |   |   |
|                     |      |            | On Duty Crash   | Safety Equipment                             |   |   |
|                     |      |            | Row   | Seat Position                                | <b>SHOULDER &amp; LAP BELT</b>          |   |
|                     |      |            | Helmet Use  | Helmet Compliance                            |   |   |
|                     |      |            | Eye Protection  | Tint Compliance                              |   |   |
|                     |      |            | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b> | Airbag                                  |   |
|                     |      |            | Ejected   | Ejection Path                                | Trapped/Extricated                      |   |
|                     |      |            | Medical Transport<br><b>NOT TRANSPORTED</b>                     | EMS Agency Identifier                        | EMS Run #                               |   |
|                     |      |            | Hospital  | Date of Death                                | Time of Death                           |   |

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|   |                                      |  |                             |                          |
|---|--------------------------------------|--|-----------------------------|--------------------------|
| UNIT<br>INDIVIDUAL<br>01 001            | <b>Distracted By</b>                 |  | Distracted By Source        |                          |
|   | Distracted By Action                 |  |                             |                          |
|   | <b>Non Motorist</b>                  |  | Striking Unit #             | Location                 |
|   | Prior Action                         |  |                             |                          |
|   | Action                               |  |                             |                          |
|   | Action Other                         |  |                             | To/From School           |
|   | <b>Drug &amp; Alcohol</b>            |  | Suspected Alcohol Use<br>NO | Suspected Drug Use<br>NO |
|   | Alcohol Test Given<br>TEST NOT GIVEN |  | Alcohol Test Type           | Alcohol Test Results     |
|   | Drug Test Given<br>TEST NOT GIVEN    |  | Drug Test Type              | Drug Test Results        |
|   | Drug Type                            |  |                             |                          |
| Individual Condition<br>APPEARED NORMAL |                                      |  |                             |                          |