6TL0D5DZ06

22-12987

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash	Primary Crash Document #		Agency Crash Number 22-12987			Investigating Officer/Deputy DEPUTY C. FRANK			
90:	Crash Date 12/29/2022	Crash Time 04:31 PM			Date Arrived		Time	Time Arrived			
6TL0D5DZ06	Date Notified 12/29/2022	Time Notified 04:35 PM		Total Units 01			Total 00	,		Total Killed 00	
0	On Emergency	Hit and Run	Lane Clos		Ш	rk Zone		Trailer or T	owed	Reporting Threshold	
6TI	Government Property	Active Sc	chool Zone	School NO	Bus Relate	ed	Tags				
	Crash Type NON-DOMESTICATED A			ANIMAL W/ NO INJURY			Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
- 1	Location —										
Ī	ON STH78 NB					Latitude			Longitud	10	
	1186 FT W					43.372986163			-89.650890888		
	OF IDLEWILD RD IN THE TOWN OF MERR	IMAC				X Coordinate				Y Coordinate	
	IN SAUK COUNTY					285237.3125 Structure Type			4805649		
						NO STRU	JCTURE				
(Crash Scene										
,	First Harmful Event	Le:									
						First Harmful Event Location					
L	NON DOMESTICATED A	NIMAL (ALIVE)				ON ROADWAY					
	Manner of Collision	FUICE F IN TRANC	DODT			Light Condition					
	00 - NO COLLISION W/V	EHICLE IN TRANS	PORT								
-	Road Surface Condition(s) Environment Factor(s)				Roadway Factor(s)						
	Weather Condition(s)										
Ī	Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD					
	DEER										
-	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
-	Tribal Land			Access			ess Control			Special Study	
ı	Unit Summary										
Ī	Unit Status		Ve	ehicle Opera	ating As C	lassification		Unit Type			
					D CLASS				AUTOMOBILE		
-	Vehicle Type					Operating As Endorsements					
$\overline{}$	PASSENGER CAR							oporating /	2		
			al # Citations Issued		Total Trailers		Total Haz	Total HazMat Types			
	Total Occs 1	Train/Bus # Reco	0	otal # Citatio	ons issued	0		o lers		iviat Types	
}	Insurance?	Direction Of Trave					011:		Total Lan	es	
_	YES	EASTBOUND	IF	Pre CrashTire Mark			, , , , , , , , , , , , , , , , , , , ,				
LINO	Most Harmful Event: Collision With Special Function					Emergency Motor Ve			Motor Veh	icle Use	
⊃	NON DOMESTICATED ANIMAL (ALIVE) NO SPECIAL FUNC					TION		NOT APPLICABLE			
}	NON DOMEOTICATED ANIMAL (ALIVE)			Traffic Control					Traffic Control Inoperative/Missing		
	,			Traine Control				·			
	Surface Type			Road Curvature				Road Grade			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 12/29/2022
Crash Time 04:31 PM

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	Truck Bus or HazMat									
	,	Vehicle								
2	VEHICLE 01	License Plate Number AKA9319		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
		Vehicle Identification Number 3FAHP0HA8AR280432		Make FORD	Year 2010	Model FUSION				
		Color BLK - BLACK		Body Style SD - SEDAN		Bus Use	Bus Use			
TIND		Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE		Vehicle Damage 12 - FRONT, 14 - UNI	DERCARRIAGE	i.	7 8 9 10 11 6 5 4 3 2 1			
		Towed Due To Damage TOWED DUE TO DISABL	ING DAMAGE	Vehicle Removed By EVERETTS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
TINO	Driver Actions NO CONTRIBUTING ACTION									
_	Owner Name			Owner Address						
2	6									
Ŀ	Policy Holder									
UNIT	Insurance Company WISCONSIN-MUTUAL-INS		s-co	Individual JENNIFER CLARK						
		Individual								
	INDIVIDUAL	Driver ALEXIS SIMON		Citations Issued 0	Sex FEMALE	ALE				
L				Date of Birth	Race WHITE					
TIND		Address 1220 WALNUT ST # 7 BARABOO, WI 53913 , US		Driver License Number	Driver License Number					
	On Duty Crash Safety Equipment			Safety Equipment	Safety Equipment					
		Row	Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance	Helmet Compliance					
		Eye Protection		Tint Compliance						
2	00	Injury Seventy 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	Distracted By Source)				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	JAL							
UNIT	INDIVIDUAL							
	<u>N</u>							
								_
		Action Other						To/From School
	L	Drug & Alcohol NO			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 Results		5	
10	001	Drug Type						
		la disidual Canditian						
		Individual Condition						
		APPEARED NORI	MAL					