6TL0BNZM4W 23-00730

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Document		ument #	Agency Crash Number 23-00730			Investigating Officer/Deputy DEPUTY K. RENZ				
₩	Crash Date 01/22/2023	Crash Time 01:12 AM		Date Arrived		Time	Time Arrived				
Σ	Date Notified Time Notified			Total Ur	nits			Injured	Total Killed		
Ŋ	01/22/2023	01:13 AM		01			00		00	T	
6TL0BNZM4W	On Emergency Hit	and Run					Trailer or Towed		Reporting Threshold		
ĭĽ	Government Property	ol Zone	School Bus Related Tay			Tags	js —				
U	✓ Reportable	ATED ANIM	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.										
	Location										
-	ON STH33 WB					Latitude			Longitude		
	378 FT W					43.47444	1704	-89.696		5744718	
	OF ROCKY POINT RD IN THE TOWN OF GREENFIE	חו				X Coordinate 281887.15625 Structure Type		Y Coord		inate	
	IN SAUK COUNTY							481703	6.5		
	Crash Scene										
	First Harmful Event					First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIO	CLE IN TRANSPO	RT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Facing and Factor(s)										
	Environment Factor(s)										
	Weather Condition(s)										
	AsiastTon										
	Animal Type DEER					Relation To Trafficway					
						TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
	Crash Classification - Location PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land					Access Control		SDICTION		Special Study	
	THIDALLAND					Access Control				opoolal olddy	
	Unit Onne and										
	Unit Summary							11.5 To			
				Vehicle Operating As Classification D CLASS			Unit Type AUTOMOBILE				
ŀ	IN TRANSIT Vehicle Type				DOLAGO				Operating As Endorsements		
2	(SPORT) UTILITY VEHICLE							Operating /	to Endoroon	nonto	
ŀ	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Traile		 ers		Mat Types	
	1	,		0			0		0		
ŀ		Direction Of Travel					Cnood Lim				
_		WESTBOUND	- FIE CIASIIII			, , , , , , , , , , , , , , , , , , , ,					
L	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 3

Crash Date 01/22/2023
Crash Time 01:12 AM

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	Truc	uck Bus or HazMat									
	Vehicle										
UNIT 01	VEHICLE 01	License Plate Number 667ZVT		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
		Vehicle Identification Number KM8SG73D37U101513		Make HYUNDAI	Year 2007	Model SANTA FE G					
		Color GRN - GREEN Initial Contact Point		LL - CARRYALL Vehicle Damage							
		11 - LEFT FRONT CORNER Extent Of Damage MINOR DAMAGE		11 - LEFT FRONT CO		7 8 9 10 11 6 2 2 2 1 5 4 3 2 1					
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR							
		What Driver Was Doing		Vehicle Factors	Vehicle Factors						
		Driver Prior Action Other									
TINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION									
٦	10	Owner Name		Owner Address							
•	0										
⊨		Policy Holder									
TIND		Insurance Company STATE-FARM-GENERAL-INS-CO		Individual AMY GOFF							
		ndividual									
	INDIVIDUAL	Driver AMY GOFF (608) 393-1387		Citations Issued 0	Sex FEMALE	MALE					
E				Date of Birth	Race WHITE						
TIND		Address 233 6TH AVE BARABOO, WI 53913 , US		Driver License Number							
	Safety Equipment On Duty Crash			Safety Equipment							
	Row Seat Position			SHOULDER & LAP BELT							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
Injury Seventy NO APPARENT INJURY				Airbag							
		Ejected Ejection Path				Trapped/Extricated	apped/Extricated				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #					
		Hospital		Date of Death		Time of Death					

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Crash Date 01/22/2023 2 of 3 Crash Time 01:12 AM

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		Distracted By Distracted B	By Source					
		Distracted By Action						
		Non Motorist Striking Unit	t# Location					
		Prior Action						
		Action						
	JAL							
LIND	INDIVIDUAL							
	N							
							T	
		Action Other					To/From School	
	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	<u> </u>		
2	001	Drug Type			1			
		Individual Condition						
		APPEARED NORMAL						