

6TL0CTJN3H
23-01121

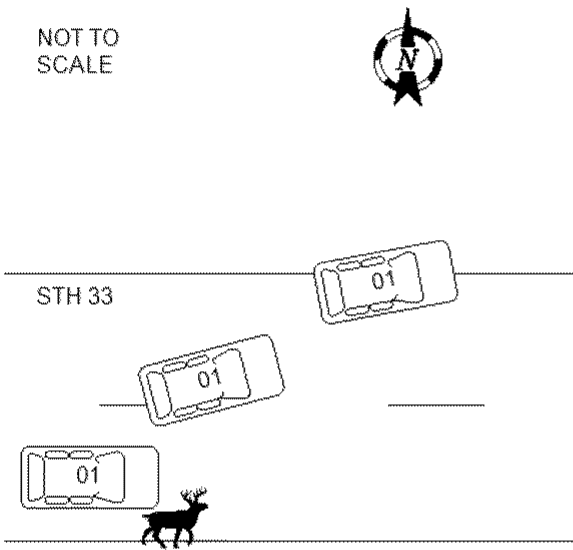
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 23-01121		Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 02/02/2023		Crash Time 11:00 PM		Date Arrived 02/02/2023		Time Arrived 11:12 PM	
Date Notified 02/02/2023		Time Notified 11:07 PM		Total Units 01		Total Injured 01	Total Killed 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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram NOT TO SCALE 	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS EAST BOUND ON STH 33 NEAR ROCKY POINT RD. UNIT 1 STRUCK A DEER ON THE FRONT PASSENGER SIDE. SIDE/FRONT AIRBAGS DEPLOYED. DEER WAS DISPATCHED.

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Location

Table with location details: ON STH33 EB, 911 FT E, OF ROCKY POINT RD, IN THE TOWN OF GREENFIELD, IN SAUK COUNTY. Includes Latitude (43.474385373), Longitude (-89.691876211), X Coordinate (282280.71875), Y Coordinate (4817017), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (NON DOMESTICATED ANIMAL (ALIVE)), Manner of Collision (00 - NO COLLISION W/VEHICLE IN TRANSPORT), Road Surface Condition(s) (DRY), Environment Factor(s) (NONE), Weather Condition(s) (CLEAR), Animal Type (DEER), Relation To Trafficway (TRAFFICWAY - ON ROAD), Crash Classification - Location (PUBLIC PROPERTY), Crash Classification - Jurisdiction (NO SPECIAL JURISDICTION), Access Control (NO CONTROL), Special Study, Within Interchange Area (NO), Junction Location (NON-JUNCTION), Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Operating As Endorsements, Total Occs (2), Train/Bus # Recorded, Total # Citations Issued (0), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (EASTBOUND), Pre Crash Tire Mark, Speed Limit (55), Total Lanes (2), Most Harmful Event: Collision With (NON DOMESTICATED ANIMAL (ALIVE)), Special Function (NO SPECIAL FUNCTION), Emergency Motor Vehicle Use (NOT APPLICABLE), Traffic Way (TWO-WAY, NOT DIVIDED), Traffic Control (NO CONTROL), Traffic Control Inoperative/Missing (NO), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (STRAIGHT), Road Grade (LEVEL), Truck Bus or HazMat (NO).

Vehicle

Table with vehicle details: License Plate Number (HUK3286), Plate Type (AUT - AUTOMOBILE), St (OH), Country of Issuance (UNITED STATES), Vehicle Identification Number (3N1AB8CV6MY282602), Make (NISSAN), Year (2021), Model (SENTRA), Color (BLK - BLACK), Body Style (4D - 4DR), Bus Use, Initial Contact Point (01 - RIGHT FRONT CORNER), Vehicle Damage (01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT), Extent Of Damage (DISABLING DAMAGE). Includes a damage diagram grid.

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name EAN HOLDINGS LLC (513) 538-6273		Owner Address 11783 READING RD CINCENNATI, OH 45241 , US	
	Sequence Of Events			
01 02 03 04	Event NON DOMESTICATED ANIMAL (ALIVE)			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company SELF-INSURED		Organization/Company EAN HOLDINGS LLC	
UNIT INDIVIDUAL	Individual			
	Driver RILEY S SAUNDERS		Citations Issued 0	Sex FEMALE
			Date of Birth [REDACTED]	Race WHITE
	Address 1125 WALEMAN AVE FINT, MI 40507 , US		Driver License Number [REDACTED] STATE: MICHIGAN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-SIDE	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND		EMS Agency Identifier 6000368		EMS Run #
Hospital ST CLARE HOSP		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	Drug & Alcohol		Suspected Alcohol Use 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		
		Drug Type					
		Individual Condition APPEARED NORMAL					
		Individual					
		Passenger TYRESE J WILSON (810) 869-5104			Citations Issued 0	Sex MALE	
		Address 1125 WALEMAN AVE FINT, MI 40507 , US			Date of Birth	Race BLACK/AFRICAN AMERICAN	
		Driver License Number STATE: MICHIGAN COUNTRY: UNITED STATES					
		01	002	Safety Equipment		On Duty Crash	Safety Equipment
Row 01 - FRONT ROW	Seat Position 09 - RIGHT			SHOULDER & LAP BELT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
Injury				Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT		
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run #			
Hospital			Date of Death	Time of Death			
Distracted By							
Distracted By Source							
Distracted By Action							
Non Motorist		Striking Unit #	Location				

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UNIT INDIVIDUAL	Prior Action			
	Action			
	Action Other		To/From School	
	Drug & Alcohol	Suspected Alcohol Use 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	
	Drug Type			
	Individual Condition APPEARED NORMAL			
	01 002			