

6TL0DJJ8WL  
23-03969

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 <b>23-03969</b>	Investigating Officer/Deputy <b>DEPUTY J. TROTH</b>	
Crash Date <b>04/22/2023</b>		Crash Time <b>08:10 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>04/22/2023</b>		Time Notified <b>08:16 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<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**

<b>ON STH23 EB 26 FT N OF CTHGG SB IN THE TOWN OF FRANKLIN IN SAUK COUNTY</b>	Latitude <b>43.351134809</b>	Longitude <b>-90.069167284</b>
	X Coordinate <b>251259.453125</b>	Y Coordinate <b>4804384.5</b>
	Structure Type	

**Crash Scene**

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

**Unit Summary**

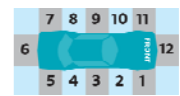
<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>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

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		Truck Bus or HazMat	
01	UNIT	<b>Vehicle</b>	
		License Plate Number <b>JEJ535</b>	Plate Type <b>IA</b>
		Vehicle Identification Number <b>1GYKNDR47NZ179397</b>	Make <b>CADILLAC</b>
		Color <b>WHI - WHITE</b>	Year <b>2022</b>
		Initial Contact Point <b>12 - FRONT</b>	Model <b>XT5</b>
		Extent Of Damage <b>DISABLING DAMAGE</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>
		Towed Due To Damage <b>NOT TOWED</b>	Bus Use
		What Driver Was Doing	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>
		Driver Prior Action Other	Vehicle Removed By <b>INSURANCE</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Factors
Owner Name	Owner Address		
01	UNIT	<b>Policy Holder</b>	
		Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>	Individual <b>PEGGY SELLE</b>
		<b>Individual</b>	
01	UNIT	Driver <b>PEGGY SELLE (563) 599-4358</b>	Citations Issued <b>0</b>
		Sex <b>FEMALE</b>	Date of Birth
		Race <b>WHITE</b>	Address <b>3362 ASHLEY LN DUBUQUE, IA 52002 , US</b>
		Driver License Number <b>STATE: IOWA COUNTRY: UNITED STATES</b>	
01	UNIT	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row	Seat Position
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
		Airbag	
Ejected	Ejection Path		
Trapped/Extricated			
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier		
EMS Run #			
Hospital	Date of Death		
Time of Death			



# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<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 <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
	Drug Type				
<b>01</b>	<b>001</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			