

6TL0DKRB14  
23-04807

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>23-04807</b>		Investigating Officer/Deputy <b>DEPUTY R. BARNES</b>	
Crash Date <b>05/14/2023</b>		Crash Time <b>09:06 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>05/14/2023</b>		Time Notified <b>09:06 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 LINN ST/ STH136 WB 0.41 MI E OF RAVEN ACRES DR IN THE TOWN OF BARABOO IN SAUK COUNTY</b>			Latitude <b>43.480513607</b>		Longitude <b>-89.795041766</b>	
			X Coordinate <b>273959.1875</b>		Y Coordinate <b>4817972.5</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</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</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>NO</b>	Direction Of Travel <b>WESTBOUND</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	

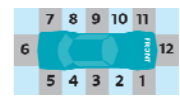
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		Truck Bus or HazMat	
01	UNIT	<b>Vehicle</b>	
		License Plate Number <b>AEP2391</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>1FAHP35NX8W142505</b>	Make <b>FORD</b>
		Color <b>RED - RED</b>	Year <b>2008</b>
		Initial Contact Point <b>00 - NON-COLLISION</b>	Model <b>FOCUS</b>
		Extent Of Damage <b>DISABLING DAMAGE</b>	Body Style <b>4D - 4DR</b>
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Bus Use
		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE</b>	
		Vehicle Removed By <b>MOOSE TOWING</b>	
		What Driver Was Doing	Vehicle Factors
Driver Prior Action Other			
01	UNIT	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name	Owner Address
01	UNIT	<b>Individual</b>	
		Driver <b>BETH M WELLS</b>	Citations Issued <b>0</b>
			Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
Address <b>S7559 USH 12 NORTH FREEDOM, WI 53951 , US</b>		Driver License Number <b>STATE: WISCONSIN 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	
<b>Distracted By</b>	Distracted By Source		



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