6TL0B4X4RN 23-08207

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [Agency Crash Number 23-08207			Investigating Officer/Deputy SERGEANT E. KNULL			
0B4X4RN	Crash Date 07/31/2023	Crash Time 04:49 AM	-		Date Arrived		Tim	Time Arrived			
	Date Notified 07/31/2023	Time Notified 04:49 AM			Total Units 01		Tota 00		Total Killed	i	
.0B2	On Emergency	it and Run	and Run Lane Close		ure Work		Trailer or		owed	Reporting Threshold	
6TL	Government Property	hool Zone	School Bus Related NO			Tag	Tags				
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RY Amended			Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
	ON PICKEL RD					Latitude			Longitud	de	
	811 FT E					43.482118122		-90.099			
	OF WHEELER RD								Y Coord		
	IN THE TOWN OF IRONTON					X Coordinate 249316.453125			481902		
	IN SAUK COUNTY								401302	: 4	
						NO STR					
	Crash Scene										
1	First Harmful Event					Circt Harm	ful Event I	costion			
		IAI (AI IVE)				First Harmful Event Location ON ROADWAY					
	NON DOMESTICATED ANIN	IAL (ALIVE)									
		Manner of Collision					Light Condition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSI	PORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
	Environment Factor(s)										
	Weather Condition(s)										
	weather Condition(s)										
	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land					Access Control				Special Study	
						opolal olady					
	Unit Summary										
	l ·			•	e Operating As Classification			Unit Type			
	IN TRANSIT			D CLASS		Al		AUTOMO	AUTOMOBILE		
1	Vehicle Type							Operating A	As Endorser	ments	
01	PASSENGER CAR										
	Total Occs Train/Bus # Recorded			Total # Citations Issued 0		Total Trai		Trailers Tota		:Mat Types	
	0		0								
	Insurance?	Direction Of Travel			Pre CrashTire		0 11:		Total Land	es	
_	YES	EASTBOUND			Mark						
UNIT	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use		
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE		
	, ,										
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	Surface Type							Road Grade			
	Surface Type			Road Curvature							

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	Truc	k Bus or HazMat						
	,	Vehicle						
		License Plate Number AFM7363	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
2	VEHICLE 01	Vehicle Identification Number 1G8AZ55F16Z185713	Make SATURN	Year 2006	Model ION			
		Color MAR - MAROON (BURGUNDY)	Body Style SD - SEDAN		Bus Use			
UNIT		Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage DISABLING DAMAGE	Vehicle Damage 11 - LEFT FRONT CORNER, 12 - FRONT 12 - FRONT					
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR					
		What Driver Was Doing	Vehicle Factors					
		Driver Prior Action Other Driver Actions						
TINO	VEHICLE	NO CONTRIBUTING ACTION						
		Owner Name	Owner Address					
9	0							
LIND		Policy Holder Insurance Company	Individual					
5		PROGRESSIVE-CLASSIC-INS-CO						
	IDIVIDUAL	Individual Driver	Citations Issued	Sex				
		KIMBERLY HIGGINS	0	FEMALE				
E		(608) 434-1514	Date of Birth	Race WHITE	E			
LINO		Address S4443 OLD K RD REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash fety Equipment	Safety Equipment					
	Row Seat Position		SHOULDER & LAP BELT					
	001	Helmet Use	Helmet Compliance					
		Eye Protection	Tint Compliance					
10		Injury Severity 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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Crash Date 07/31/2023

Crash Time 04:49 AM

Distracted By Source									
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	INDIVIDUAL								
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LNO	7								
>									
	Z								
ļ								T	
		Action Other						To/From School	
			Suspected Alcohol U	Se Se	Suspected Drug Use				
	Drug & Alcohol				NO				
l		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
l _	7	Drug Type							
2	001	3 71							
		Individual Condition							
		APPEARED NORM	ЛАІ						
		AFFEARED NOR	MAL.						
I									