6TL0BJ1GNR 23-09436

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overrid	de F	Primary Crash D	Agency Crash Number 23-09436			Investigating Officer/Deputy DEPUTY J. MACASKILL						
A R	Crash Date 08/29/2023		Crash Time 05:40 PM		Date Ar	Date Arrived		Time	Time Arrived				
6TL0BJ1GNR	Date Notified 08/29/2023		Time Notified 05:42 PM		Total Units 01			Total 00	Injured	Total Killed 00			
08	On Emergency Hit		t and Run Lane CI		losure Wo		rk Zone		Trailer or Towed		Reporting Threshold		
3TL	Government Property		Active Sc	hool Zone	School I	Bus Relate	ed	Tags					
	✓ Reportable	(Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR				RY				Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.												
1	Location =												
İ	ON LA RUE RD 0.39 MI S						Latitude 43.534937611			Longitude -90.138657226			
	OF 6TH ST IN THE TOWN OF IRONTON						X Coordinate			Y Coord	Y Coordinate		
	IN SAUK COUNTY					246397.0625 Structure Type			482500	4825008.5			
								NO STRUCTURE					
(Crash Scene												
1	First Harmful Event							First Harmful Event Location					
			(ALIVE)				ON ROADWAY						
		NON DOMESTICATED ANIMAL (ALIVE)											
	Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT						Light Condition						
	Road Surface Condition(s)	1					Roadway F	Factor(s)					
	Environment Factor(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						
Į.													
	Unit Summary												
	Unit Status Vehicle Operation					ating As C	lassification		Unit Type				
	IN TRANSIT				D CLASS				AUTOMOBILE				
_	Vehicle Type						Operating As Endorsements						
5	PASSENGER CAR												
	Total Occs 1	al Occs Train/Bus # Recorded			Total # Citatio	ns Issued	Total Traile		ers Total Hazi		:Mat Types	3	
ŀ	Insurance?	Dir	ection Of Trave	Pre CrashTire		8				es			
╘│	YES NORTHBOUND				lark								
	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)				Special Function NO SPECIAL FUNCTION					nergency Motor Vehicle Use OT APPLICABLE			
	Traffic Way				Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type				Road Curvature				Road Grade				
				1									

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date **08/29/2023**Crash Time **05:40 PM**

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	Truck Bus or HazMat									
		Vehicle								
	VEHICLE 01	License Plate Number ABW2048	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
2		Vehicle Identification Number 3N1AB7AP5JY325403	Make NISSAN	Year 2018	Model SENTRA					
		Color MUL - MULTICOLOR	SD - SEDAN							
TIND		Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT							
		DISABLING DAMAGE Towed Due To Damage	CORNER, 12 - FRONT Vehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing	SHIELDS TOWING Vehicle Factors							
		Driver Prior Action Other		-						
TINO	Driver Actions NO CONTRIBUTING ACTION									
		Owner Name	Owner Address							
2	2									
TINO		Policy Holder	Individual							
5		Insurance Company PROGRESSIVE-CASUALTY-INS-CO								
	INDIVIDUAL	Individual Driver	Citations Issued	Sex						
		KATIE WELLER (608) 393-9583	0	FEMALE						
LINO			Date of Birth Driver License Number	Race WHITE						
5		Address E13949A HEIN RD BARABOO, WI 53913 , US								
	Sai	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance							
2	00	Injury Severity NO APPARENT INJURY	Airbag							
		Ejected Ejection Path		Trapped/Extricated						
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #					
		Hospital	Date of Death	Date of Death Time of Death						

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Crash Date 08/29/2023
Crash Time 05:40 PM

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		Distracted By	Distracted By Source							
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	UAL									
LNO	INDIVIDUAL									
	N									
								I.T. (5		
		Action Other						To/From School		
	L	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	I			
2	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								