

6TL0D7W16B  
23-09573

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0D7W16B

|  |                                      |   |  |  |   |
|--|--------------------------------------|---|--|--|---|
| Document Number Override                       |                                      | Primary Crash Document #<br><b>6TL0D7W169</b>             | Agency Crash Number<br><b>23-09573</b> | Investigating Officer/Deputy<br><b>DEPUTY K. MUELLER</b> |   |
| Crash Date<br><b>09/01/2023</b>                |                                      | Crash Time<br><b>08:30 PM</b>                             | Date Arrived                           | Time Arrived   |   |
| Date Notified<br><b>09/01/2023</b>             |                                      | Time Notified<br><b>08:30 PM</b>                          | Total Units<br><b>01</b>               | Total Injured<br><b>00</b>                               | Total Killed<br><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<br><b>NO</b>        | Tags   |   |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b> |  | <input type="checkbox"/> Amended                         | <input checked="" type="checkbox"/> Secondary Crash |

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

### Location

|  |                                    |                                   |
|--|------------------------------------|-----------------------------------|
| ON CTHA NB<br>517 FT N<br>OF CRAWFORD ST<br>IN THE TOWN OF BARABOO<br>IN SAUK COUNTY | Latitude<br><b>43.501573838</b>    | Longitude<br><b>-89.738725273</b> |
|  | X Coordinate<br><b>278590.8125</b> | Y Coordinate<br><b>4820160</b>    |
|  | Structure Type                     |                                   |

### Crash Scene

|  |   |               |
|--|---|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b>          | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><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<br><b>DEER</b>   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land  | Access Control  | Special Study |

### Unit Summary

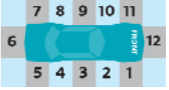
|             |  |   |  |  |                                |  |
|-------------|--|---|--|--|--------------------------------|--|
| <b>UNIT</b> | Unit Status<br><b>IN TRANSIT</b>   | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                 |  |          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

6TL0D7W16B

23-09573

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|   |               |   |   |
|---|---------------|---|---|
|   |               | Truck Bus or HazMat   |   |
| 01  | UNIT          | <b>Vehicle</b>  |   |
|   |               | License Plate Number<br><b>DF48253</b>                            | Plate Type<br>St<br><b>IL</b> Country of Issuance<br><b>UNITED STATES</b>           |
|   |               | Vehicle Identification Number<br><b>4S4BTALC4P3192765</b>         | Make<br><b>SUBARU</b> Year<br><b>2023</b> Model<br><b>OUTBACK</b>                   |
|   |               | Color<br><b>SIL - SILVER (ALUMINUM)</b>                           | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b> Bus Use                             |
|   |               | Initial Contact Point<br><b>14 - UNDERCARRIAGE</b>                | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER, 14 - UNDERCARRIAGE</b>                |
|   |               | Extent Of Damage<br><b>MINOR DAMAGE</b>                           |  |
|   |               | Towed Due To Damage<br><b>NOT TOWED</b>                           | Vehicle Removed By<br><b>OPERATOR</b>   |
|   |               | What Driver Was Doing   | Vehicle Factors   |
|   |               | Driver Prior Action Other   |   |
|   |               | 01  | UNIT  |
| Owner Name                                  | Owner Address |   |   |
| 01  | UNIT          | <b>Policy Holder</b>  |   |
|   |               | Insurance Company<br><b>GEICO-GENERAL-INS-CO</b>                  | Individual<br><b>DAWN FARMER</b>  |
| 01  | UNIT          | <b>Individual</b>   |   |
|   |               | Driver<br><b>DAWN FARMER</b><br><b>(815) 999-7814</b>             | Citations Issued<br><b>0</b> Sex<br><b>FEMALE</b>                                   |
|   |               |   | Date of Birth Race  |
|   |               | Address<br><b>140 E OAK ST</b><br><b>COAL CITY, IL 60416 , US</b> | Driver License Number<br><b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>              |
| 01  | UNIT          | <b>Safety Equipment</b>   |   |
|   |               | On Duty Crash   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                                  |
|   |               | Row   | Seat Position   |
|   |               | Helmet Use  | Helmet Compliance   |
|   |               | Eye Protection  | Tint Compliance   |
|   |               | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b> Airbag                                 |
|   |               | Ejected   | Ejection Path   |
| Trapped/Extricated                          |               |   |   |
| Medical Transport<br><b>NOT TRANSPORTED</b> |               | EMS Agency Identifier   | EMS Run #   |
| Hospital                                    |               | Date of Death   | Time of Death   |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|  |                      |   |  |                                 |                   |
|--|----------------------|---|--|---------------------------------|-------------------|
| UNIT   | <b>Distracted By</b> | Distracted By Source                        |  |                                 |                   |
|  |                      | 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<br><b>NO</b>       | Suspected Drug Use<br><b>NO</b> |                   |
|  |                      | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                        | Alcohol Test Results            |                   |
|  | <b>01</b>            | <b>001</b>                                  | Drug Test Given<br><b>TEST NOT GIVEN</b> | Drug Test Type                  | Drug Test Results |
|  |                      |   | Drug Type                                |                                 |                   |
| Individual Condition<br><b>APPEARED NORMAL</b> |                      |   |  |                                 |                   |