6TL0D0GSLV 23-11674

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 23-11674			Investigating Officer/Deputy DEPUTY G. AKERS			
SLV	Crash Date 10/27/2023	Crash Time 05:45 PM		Date Arrived		Time	Time Arrived				
SSC	Date Notified 10/27/2023	Time Notified 07:16 PM			Total Units 01		Total		Total Killed	i	
.0D0G	On Emergency H	and Run Lane Close		ure Work Zone			Trailer or Towed		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.										
ì	Location										
Ī	ON STH23 EB					Latitude			Longitud	de.	
	0.38 MI S					43.328200472			-90.057887948		
	OF HICKORY RD										
	IN THE TOWN OF FRANKLII	N				X Coordinate 252080.25			Y Coordinate 4801804		
	IN SAUK COUNTY								400100	J 4	
						Structure 7	Туре				
	Crash Scene										
,	First Harmful Event					le:					
		(41.0/5)					nful Event L	ocation			
l	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROA					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	PORT								
ı	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
l											
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
l	Tribal Land					Access Control Special Study					
ì	Unit Summary ————————————————————————————————————										
—ì	Unit Status		Veh	icle Operat	ing As C	lassification		Unit Type			
	IN TRANSIT			•	g 7.60 O	idoomodiion		AUTOMOBILE			
ļ						Operating As Endorsements					
7	Vehicle Type							Operating /	AS Endorser	ments	
)	(SPORT) UTILITY VEHICLE									=	
	Total Occs Train/Bus # Recorded			Total # Citations Issued 0		0		0		:Mat Types	
	1										
Ī		Direction Of Travel	ction Of Travel Pre Crash		ashTire	ire Speed L		Limit Total Lane		es	
⊢ا	YES NORTHBOUND			Mark							
LIND	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use		
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			N NOT APPLICABLE				
ŀ	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	,										
ŀ	Surface Type			Road Curvature				Road Grade			
	Jr-			Toda Gurvature				Tital Grado			

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Crash Date 10/27/2023

Crash Time 05:45 PM

	Truc	k Bus or HazMat					. ,			
	,	Vehicle								
10		License Plate Number AGL4698		Plate Type	St WI	Country of Issuance UNITED STATES				
	VEHICLE 01	Vehicle Identification Number 5GAEVCKW0RJ104524		Make BUICK	Year 2024	Model ENC				
		Color WHI - WHITE Initial Contact Point		Body Style UT - SPORT UTILITY VEHICLE Bus Use						
UNIT		12 - FRONT Extent Of Damage DISABLING DAMAGE		Vehicle Damage — 01 - RIGHT FRONT C CORNER, 12 - FRON	EFT FRONT	7 8 9 10 11 6 2 2 1 5 4 3 2 1				
		Towed Due To Damage TOWED DUE TO DISABLING	B DAMAGE	Vehicle Removed By ROAD SIDE						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
10	10	Owner Name		Owner Address						
_		Policy Holder								
UNIT		Insurance Company IMT-INS-CO		Individual MICHELE DROESS	SLER					
	DIVIDUAL	Individual								
		Driver MICHELE DROESSLER		Citations Issued	Citations Issued Sex 0 FEMALE					
		(563) 590-0858		Date of Birth	Race WHITE					
UNIT	₹	Address		Driver License Number						
_	Z	845 OAKWOOD RD HAZEL GREEN, WI 53811 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sar	Con Duty Cr	Safety Equipment							
	Jai	Row Seat Position		SHOULDER & LAP BELT						
	100	Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
10		Injury Severity NO APPARENT INJURY		Airbag						
		Ejected Ejection Path		<u>'</u>		Trapped/Extricated				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death		Time of Death				

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		Distracted By							
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	Ξ								
		Action Other						To/From School	
	Ĺ	Drug & Alcohol NO			Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	l		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Result		,		
2	001	Drug Type							
		Individual Condition							
		APPEARED NORM	MAL						