6TL0BC3B7N 23-11759

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		Agency Crash Number 23-11759			Investigating Officer/Deputy DEPUTY W. VERTEIN				
C3B7N	Crash Date 10/30/2023	Crash Time 07:02 AM		Date Arrived		Tim	Time Arrived				
	Date Notified 10/30/2023	Time Notified 07:06 AM		Total Units 01		Total 00		Total Killed		i	
0B	On Emergency Hi	t and Run	Lane Closi	ure	Wo	rk Zone		Trailer or T	owed		eporting hreshold
6TL	Government Property	nool Zone	School Bus Related NO			Tag	Tags				
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			Amended			S	econdary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
ì	Location										
i	ON CTHANB					Latitude			Longitud	le	
	0.50 MI N					43.55395	58293	-89.738532			
	OF SHADY LANE RD										
	IN THE TOWN OF DELTON IN SAUK COUNTY								Y Coordinate 4825978		
						Structure Type NO STRUCTURE					
- 1	Crook Soons										
,	Crash Scene										
	First Harmful Event	A. (A. D.C.)				First Harmful Event Location					
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIO	CLE IN TRANSF	PORT								
	Road Surface Condition(s)					Roadway Factor(s)					
Ì	Environment Factor(s)										
ŀ	Marthan Condition (a)										
	Weather Condition(s)										
ı	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					
l	Unit Common and										
	Unit Summary Unit Status		LVoh	icle Operat	ing As C	laccification		Linit Tuna			
				Vehicle Operating As Classification		l	Unit Type AUTOMOBILE				
	IN TRANSIT D CLASS Vehicle Type					Operating As Endorsements					
0	(SPORT) UTILITY VEHICLE							Operating F	AS EHUUISEI	Henris	
_	•				d Total Traile		 ailers Total HazM		Mat Timas		
			1 ota	Total # Citations Issued 0		0		o lers		iviat Types	
ŀ	Insurance?	Direction Of Travel		Pre CrashTire						nes	
⊢│	YES NORTHBOUND			Mark							
LIND	Most Harmful Event: Collision With			cial Function				Emergency Motor Vehicle Use			
ر	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA	L FUNC	TION		NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
ŀ	Surface Type			ad Curvatur	e			Road Grade			
				Noad Ourvaluis							

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	Truc	k Bus or HazMat							
	,	Vehicle							
		License Plate Number	Plate Type	St	Country of Issuance				
10		AMD9939	AUT - AUTOMOBILE	WI	UNITED STATES				
	_	Vehicle Identification Number	Make	Year	Model				
	VEHICLE 01	5XYZUDLB8EG150312	HYUNDAI	2014	SANTA FE				
		Color	Body Style	' '					
		WHI - WHITE	UT - SPORT UTILITY VEHICLE						
NIT		Initial Contact Point 12 - FRONT	Vehicle Damage 7 8 9 10 11						
		Extent Of Damage	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						
	卓	DISABLING DAMAGE							
	>	Towed Due To Damage	Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE	BILLS TOWING						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other	7						
		Driver Actions							
_	VEHICLE	NO CONTRIBUTING ACTION							
UNIT	읔								
n	亩								
	>								
		Owner Name	Owner Address						
_	_								
01	6								
_		Policy Holder							
UNIT		Insurance Company	Individual						
_ر		GEICO-GENERAL-INS-CO	VANESSA ZIMMER	MAN					
		ndividual							
		Driver	Citations Issued						
	Ļ	VANESSA ZIMMERMAN (608) 393-3543	0						
	J	(000) 555-5545	Date of Birth	Race WHITE					
UNIT	DIVIDUAL	Address	Dairen Linnan Marahan						
5	a	Address 420 7TH ST	Driver License Number	Driver License Number					
	Z	BARABOO, WI 53913 , US	STATE: WISCONSII	N COUNTRY: UI	NITED STATES				
		On Duty Crash	Safety Equipment	Safety Equipment					
	Sa	fety Equipment							
		Row Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
		Fire Deader-disc							
		Eye Protection	Tint Compliance						
_	_	Injury Severity	Airbag						
01	90	Injury NO APPARENT INJURY							
		Ejected Ejection Path	I		Trapped/Extricated				
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	- 45						
		Hospital	Date of Death		Time of Death				

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Crash Time 07:02 AM

Distracted By Source								
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_								
LNU	INDIVIDUAL							
	IND							
		Action Other						To/From School
								TO/T TOTAL SCHOOL
	L	rug & 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		
6	001	Drug Type						
		Individual Condition						
		APPEARED NORM	AL					