#### 6TL0D1PTNT 23-11861

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash	Primary Crash Document #		Agency Crash Number 23-11861			Investigating Officer/Deputy DEPUTY S. MESSNER			
Ż	Crash Date 11/02/2023	Crash Time 06:33 AM			Date Arrived		Time	Time Arrived			
<b>ETLOD1PTN1</b>	Date Notified 11/02/2023	Time Notified 06:38 AM		Total Units <b>01</b>			Total 00	,		otal Killed )	
	On Emergency	Hit and Run	Lane Clos	osure Work		rk Zone		Trailer or To		Reporting Threshold	
9 1 1	Government Active School Zone			School Bus Related Ta			Tags	gs			
	Reportable	STICATED ANIM	ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
- 1	_ocation ===										
Ī	ON STH78 SB					Latituda			Lanaitus	J.	
						Latitude		Longitud			
	933 FT E					43.33392393		-89.714		781864	
	OF SUNSET DR					X Coordina	ate		Y Coord	linate	
	IN THE TOWN OF MERI	RIMAC				279919.7	<b>'</b> 5	48014		.77	
	IN SAUK COUNTY										
						Structure 7	, i				
(	Crash Scene										
ī	First Harmful Event					First Harm	ful Event Lo	cation			
	NON DOMESTICATED	ANIMAL (ALIVE)				ON ROA	DWAY				
		AINIMAL (ALIVL)									
	Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT				Light Condition						
-	Road Surface Condition(s)	TEIRIOLE IN TRAING	TOKT			Roadway I	<b>.</b>				
-	Environment Factor(s)										
-	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
Ī	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
-	Tribal Land				Access Control				Special Study		
										, ,	
	Unit Summary										
	Unit Status		11/0	hiolo Onor	oting Ao C	logoification		Luca Torr			
				CLASS	aurig AS C	lassification Unit Type					
						AUT		AUTOMO	UTOMOBILE		
[	Vehicle Type					Operating As Endorsements					
6	(SPORT) UTILITY VEHICLE										
-	·			Tatal # Citaliana Inc.		Total Traile		  ers		Mat Types	
	1 otal Occs	Train/Dus # Necol	' -	Total # Citations Issued  0			0		0	wiat Types	
ŀ	Insurance?	Direction Of Trave					Cnood Lim		Total Lan	AS.	
				Pre CrashTire			Speed Lilli		I Oldi Ldili	••	
╘┖	YES		DUTHBOUND								
LINO	Most Harmful Event: Collision With Special Function					TIO:-		Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)  NO SPECIAL FUNC				TION		NOT APPLICABLE				
-	` ,			Traffic Control			Traffic Contro		trol Inopera	ol Inoperative/Missing	
	,										
	Surface Type			Road Curvature				Road Grade			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 3

Crash Date 11/02/2023
Crash Time 06:33 AM

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	Truck Bus or HazMat								
	,	Vehicle							
	VEHICLE 01	License Plate Number 643ZNF		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
2		Vehicle Identification Number 2FMDK38C37BA78854		Make FORD	Year 2007	Model EDGE			
		Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE Bus Use					
TIND		Initial Contact Point  11 - LEFT FRONT CORNER  Extent Of Damage  FUNCTIONAL DAMAGE		Vehicle Damage  09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT  7 8 9 10 11  6 7 8 9 10 11  5 4 3 2 1					
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					
		What Driver Was Doing	Vehicle Factors						
	VEHICLE	Driver Prior Action Other							
TIND		NO CONTRIBUTING ACTION							
_	_	Owner Name	Owner Address						
2	6								
Policy Holder Insurance Company Individual CLARE BLAU									
5	Insurance Company AMERICAN-FAMILY-INS-CO			Individual CLAIRE BLAU					
		ndividual							
	INDIVIDUAL	Driver CLAIRE BLAU (608) 697-8719		Citations Issued  0	Sex FEMALE				
Ŀ		(000) 037-0713		Date of Birth	Race WHITE				
TINO		Address 7409 OLD SAUK RD # 4 MADISON, WI 53717 , US		Driver License Number					
	On Duty Crash Safety Equipment			Safety Equipment					
		Row	eat Position	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
5	00	Injury Seventy  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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			Distracted By Source							
İ		Distracted By Action								
				r						
		Non Motorist	Striking Unit #	Location						
		Prior Action								
İ		Action								
_	INDIVIDUAL									
LIND	3									
_	Ē									
	=									
		Action Other						To/From School		
l		Suspected Alcohol Use			Suspected Drug Use					
	Drug & Alcohol NO				NO					
İ		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
2	001	Drug Type								
	Ō									
		Individual Condition	Individual Condition							
		APPEARED NORMAL								
I										