

6TL0CR2KT7

23-12601

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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| | | | | | |
|--|---|---|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 23-12601 | Investigating Officer/Deputy DEPUTY Z. DRILL | |
| Crash Date 11/22/2023 | | Crash Time 06:33 PM | Date Arrived | Time Arrived | |
| Date Notified 11/22/2023 | | Time Notified 06:35 PM | Total Units 01 | Total Injured 00 | Total Killed 00 |
| <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 NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

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

Location

| | | |
|---|---------------------------------------|-----------------------------------|
| ON STH33 WB 599 FT W OF SPRINGER RD IN THE TOWN OF LA VALLE IN SAUK COUNTY | Latitude 43.623708744 | Longitude -90.164094314 |
| | X Coordinate 244717.375 | Y Coordinate 4834946 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|---|---------------|
| First Harmful Event NON DOMESTICATED ANIMAL (ALIVE) | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition | |
| Road Surface Condition(s) | Roadway Factor(s) | |
| Environment Factor(s) | | |
| Weather Condition(s) | | |
| Animal Type DEER | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control | Special Study |

Unit Summary

| | | | | | | |
|----------------|--|---|--|--|--------------------------------|--|
| UNIT 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | | | |
| | Vehicle Type PASSENGER CAR | | | Operating As Endorsements | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit | Total Lanes | |
| | Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE) | | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | Traffic Way | | Traffic Control | Traffic Control Inoperative/Missing | | |
| | Surface Type | | Road Curvature | Road Grade | | |

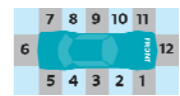
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| | | | |
|------------|---------------|---|--|
| | | Truck Bus or HazMat | |
| 01 | UNIT | Vehicle | |
| | | License Plate Number AHM7143 | Plate Type AUT - AUTOMOBILE |
| | | Vehicle Identification Number 1G6AH5RX0G0109775 | Make CADILLAC |
| | | Color BLU - BLUE | Year 2016 |
| | | Initial Contact Point 12 - FRONT | Model ATS |
| | | Extent Of Damage DISABLING DAMAGE | Body Style SD - SEDAN |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Bus Use |
| | | What Driver Was Doing | Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT |
| | | Driver Prior Action Other | Vehicle Removed By STEVES AUTO SERVICE |
| | | Driver Actions NO CONTRIBUTING ACTION | Vehicle Factors |
| Owner Name | Owner Address | | |
| 01 | UNIT | Policy Holder | |
| | | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | Individual JEANETTE TERRY |
| | | Individual | |
| 01 | UNIT | Driver JEANETTE TERRY (608) 415-2343 | Citations Issued 0 |
| | | | Sex FEMALE |
| | | | Race WHITE |
| | | Address 200 NORTH ST LA VALLE, WI 53941 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES |
| 01 | UNIT | Safety Equipment | |
| | | On Duty Crash | Safety Equipment SHOULDER & LAP BELT |
| | | Row | Seat Position |
| | | Helmet Use | Helmet Compliance |
| | | Eye Protection | Tint Compliance |
| 01 | UNIT | Injury | |
| | | Injury Severity NO APPARENT INJURY | Airbag |
| | | Ejected | Ejection Path |
| | | Medical Transport NOT TRANSPORTED | Trapped/Extricated |
| | | Hospital | EMS Agency Identifier |
| | Date of Death | | |
| | EMS Run # | | |
| | Time of Death | | |



WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | |
|-------------|---|------------------------|------------------------------------|---------------------------------|----------------------|
| UNIT | Distracted By | | Distracted By Source | | |
| | Distracted By Action | | | | |
| | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | Drug & Alcohol | | Suspected Alcohol Use 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 | |
| | Drug Type | | | | |
| 01 | 001 | Individual Condition | | | |
| | | APPEARED NORMAL | | | |