6TL0C22XZV

23-13503

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override				5 5			Investigating Officer/Deputy DEPUTY A. WILCOX					
2	Crash Date 12/19/2023		Crash Time 06:55 AM		Date Arrived			Time Arrived					
0C22XZV	Date Notified 12/19/2023		Time Notified 07:05 AM		Total Units 01		Tota 00		al Injured	Total Killed 00			
00	On Emergency	Hit	and Run	Lane Clos	sure	Wo	Work Zone		Trailer or T	er or Towed Reporting Threshold			
6TL	Government Property Active School Zor			hool Zone	School Bus Related			Тас	Tags				
	Crash Type NON-DOMESTICATED				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.												
	Location												
i	ON STH23 WB						Latitude Longitude						
	183 FT W						43.547262009 -89.887733835						
	OF SIMPSON RD												
	IN THE TOWN OF EXCELSIOR IN SAUK COUNTY					X Coordin 266720.1	25		Y Coordinate 4825642				
							Structure Type NO STRUCTURE						
(Crash Scene 🛛 🗖												
1	First Harmful Event						First Harm	ful Event I	ocation				
	NON DOMESTICATED						First Harmful Event Location ON ROADWAY						
	Manner of Collision												
	00 - NO COLLISION W/VEHICLE IN TRANSPORT						Light Condition						
		VENIC											
	Road Surface Condition(s)						Roadway Factor(s)						
							-						
	Environment Factor(s)												
	Weather Condition(s)												
	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						
	Unit Summary												
	Unit Status Vehicle Operating As (- 51						
	IN TRANSIT				CLASS				AUTOMOBILE				
01	Vehicle Type								Operating	As Endorse	ments		
0	(SPORT) UTILITY VEHICLE												
	Total Occs				Total # Citations Issued			Total Tra	ilers	Total Haz	zMat Types		
	1			0			0		C				
_	Insurance?		irection Of Trave		Pre CrashTire			Speed Limit		Total Lanes			
UNIT	YES SOUTHBOUND				Special Function					Emergency Motor Vehicle Use			
5	Most Harmful Event: Collision With					ction AL FUNC	TION		NOT APPLICABLE				
	Traffic Way				Traffic Control					Traffic Control Inoperative/Missing			
	Surface Type				Dead Curreture			Road Grade					
					Road Curvature				Ittau Glaue				

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	Truc	k Bus or HazMat								
	1	Vehicle								
		License Plate Number AGH8547		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance				
5	0	Vehicle Identification Number 2T3J1RFV5MW246049		Make TOYOTA	Year 2021	Model RAV4				
		Color BLK - BLACK		Body Style						
UNIT	VEHICLE	Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage DISABLING DAMAGE Towed Due To Damage		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT Vehicle Removed By						
		TOWED DUE TO DISABLIN What Driver Was Doing	G DAMAGE	CRAIGS TOWING Vehicle Factors						
		Driver Prior Action Other								
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
01	01	Owner Name		Owner Address						
⊢	I	Policy Holder								
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO	0	Individual RAELYNN WELK						
	I	Individual								
	Ļ	Driver RAELYNN WELK (414) 399-4110		Citations Issued 0	Sex FEMALE	MALE				
⊨	DUA	(414) 333-4110		Date of Birth	Race WHITE					
UNIT	INDIVIDUAL	Address 278 FREEDOM LN OXFORD, WI 53952 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	fety Equipment	Crash	Safety Equipment						
		Row	Seat Position	SHOULDER & LAP	BELT					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
5	001	Injury Sev Injury NO APP	erity ARENT INJURY	Airbag						
5		Ejected	jection 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	2							
		Distracted By	Distracted by Source	2							
]	Distracted By Action	I								
		Non Motorist	Striking Unit #	Location							
		Prior Action		<u> </u>							
		Action									
	_										
.	INDIVIDUAL										
	1D										
>											
	Z										
		Action Other						To/From School			
	L	Drug & Alcohol	Suspected Alcohol U NO	lse	Suspected Drug Use						
	1	Alcohol Test Given	I	Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN									
		Drug Test Given Drug Test Ty				Drug Test Results	;				
5	001	Drug Type		•							
	•										
		Individual Condition									
		APPEARED NORMAL									