6TL0D942BF 24-02754

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 24-02754				Investigating Officer/Deputy DEPUTY M. PETERSON			
BF	Crash Date 03/19/2024	Crash Time 06:50 PM		Date Arrived		Time	Time Arrived				
0D942B	Date Notified 03/19/2024	Time Notified 06:53 PM	Tota 01	Total Units 01		Total 00		al Injured	Injured Total Killed 00		
0-	On Emergency Hi	t and Run La	ne Closure		1	k Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Property	no	School Bus Related NO			Tag	Tags				
	✓ Reportable	D ANIMAL W	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.										
Ī	Location ———										
ł	ON REEDSBURG RD					Latitude			Longitud	de	
	0.29 MI E					43.532417946			-89.757216456		
	OF N REEDSBURG RD	_				X Coordina	ate		Y Coord	linate	
	IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	J				277209.4375 4823635.5			35.5		
	IN SACK COOK! I					Structure 7	Гуре		1		
						NO STRI	JCTURE				
	Crash Scene										
ì	First Harmful Event					Circt Horne	ful Fuent I	tion			
	=	AL (ALIVE)					Iful Event L	ocation			
	NON DOMESTICATED ANIMAL (ALIVE) Manner of Collision					ON ROADWAY Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT				Light Condition					
	Road Surface Condition(s)	OLL IN TRANSPORT				Roadway I	Factor(s)				
	(0)					rioddwdy r dolor(5)					
	Environment Factor(s)										
	Weather Condition(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER				TRAFFIC			ICWAY - ON ROAD			
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				N			ISDICTION			
	Tribal Land					Access Control Special Study					
	Unit Summary		1771.1.0		A 01	. 6		T =			
	Unit Status Vehicle Operating As					assification		Unit Type			
	IN TRANSIT D CLASS Vehicle Type					AUTOMOBILE Operating As Endorsements					
01	PASSENGER CAR							Operating /	AS EHUUISEI	Henis	
_		Total # Ci	otal # Citations Issued			Total Traile		 ers			
	1	Train/Bus # Recorded	0	lalions is	ssueu		0	1013	0	iwat Types	
		Direction Of Travel			- 		Speed Lir	nit	Total Lane	es	
_		EASTBOUND		e Crasi Mark			Opood En		Total Earl		
UNIT	Most Harmful Event: Collision With			Special Function					 Emergency Motor Vehicle Use		
\supset	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE		
	Traffic Way			Traffic Control			Traffic Contro		trol Inoperat	rol Inoperative/Missing	
	Surface Type			Road Curvature				Road Grade			
				-							

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	T	k Bus or HazMat								
	Truc	K bus of mazivial								
	,	Vehicle								
		License Plate Number		Plate Type	St	Country of Issuance				
		ACE3372		AUT - AUTOMOBILE	WI	UNITED STATES				
5	_	Vehicle Identification Number		Make	Year	Model				
0	2	JN8AS5MT3CW253464		NISSAN	2012	ROGUE				
	VEHICLE	Color		Body Style		Bus Use				
		SIL - SILVER (ALUMINUM	l)	UT - SPORT UTILITY	VEHICLE					
		Initial Contact Point		Vehicle Damage	Vehicle Damage					
╘		12 - FRONT		A4 DICUT EDONT O	ODNED 44 17	7 8 9 10 11 EFT FRONT 6 12				
LIND		Extent Of Damage		O1 - RIGHT FRONT CORNER, 12 - FRONT		FIFKONI				
_		DISABLING DAMAGE		CORNER, 12 - FRONT						
		Towed Due To Damage		Vehicle Removed By	Vehicle Removed By					
		TOWED DUE TO DISABL	ING DAMAGE	CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
	ш	NO CONTRIBUTING ACTION								
⊨	占									
LNI	VEHICLE									
ر	回									
	_									
		Owner Name Owner Address								
7	9									
		ndividual								
		ndividual Driver Citations Issued Sex								
		Driver		Citations Issued						
	ب	KAREN COREY		0	FEMALE					
	Ď			Date of Birth	Date of Birth Race					
╘	INDIVIDUAL									
LNO	\geq	Address 10 BALSAM TRL		Driver License Number						
_	Ħ	WISCONSIN DELLS, WI 5	3965 119	STATE: WISCONSIN	STATE: WISCONSIN COUNTRY: UNITED STATES					
	_	THOOONGIN DELLO, WI 93900 , US								
	Sa	On Duty	Safety Equipment	Safety Equipment						
	Safety Equipment									
		Row	Seat Position	SHOULDER & LAP	BELT					
		Helmet Use		Helmet Compliance						
	001	Eye Protection		Tint Compliance	Tint Compliance					
5		Injury Se		Airbag						
0	0	Injury _{NO AP}	PARENT INJURY							
		Ejected	Ejection Path			Trapped/Extricated				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				
		Distract	ed By Source	•		•				
		Distracted By								

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Crash Date 03/19/2024

Crash Time 06:50 PM

		Distracted By Action							
	,	Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	IND								
		Action Other						To/From School	
	L	Orug & Alcohol	Suspected Alcohol Use NO		NO Suspected Drug Use				
		Alcohol Test Given Alcohol TEST NOT GIVEN		Alcohol Test Type	ohol Test Type Al			Alcohol Test Results	
		Drug Test Given Drug Te TEST NOT GIVEN		Drug Test Type	Test Type		5		
10	001	Drug Type				1			
		Individual Condition							
		APPEARED NORM	IAL						