6TL0CVRP59

24-04580

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 24-04580				Investigating Officer/Deputy SERGEANT B. LUBER			
6	Crash Date		Crash Time		Date Arrived		Tim	Time Arrived				
P5	05/06/2024		10:47 PM		.	••				T () (2)		
CVRP59	Date Notified 05/06/2024		Time Notified 10:47 PM		Total Units 01			1 ot 00	al Injured	Total Killed 00		
0	On Emergency		t and Run		osure 🗌 Work Zo				Trailer or To		Reporting Threshold	
6TL	Government Property	Active School Zone School Bus Relat			ed	Τα	Tags					
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RY	Y Amended			Secondary Crash			
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
ĺ	Location											
	ON STH58 NB 686 FT W				Latitude 43.5405144 X Coordinate 244150.953		4469			Longitude -90.166746351		
	OF CTHG NB IN THE TOWN OF IRONTON							-		Y Coordinate 4825714		
	IN SAUK COUNTY					Structure Type						
	Crash Scene											
1	First Harmful Event						E Const I La mo		4'			
	NON DOMESTICATED						First Harmful Event Location ON ROADWAY					
	Manner of Collision						Light Condition					
	00 - NO COLLISION W	VEHIC	LE IN TRANSI	PORT								
	Road Surface Condition(s)						Roadway Factor(s)					
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Tuno						Polation To Troffiquery					
	Animal Type DEER					Relation To Trafficway TRAFFICWAY - ON ROAD						
	DEER Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY						NO SPECIAL JURISDICTION					
	Tribal Land						Access Co	ontrol			Special Study	
I	Unit Summary											
	Unit Status Vehicle Operating					ating As C						
					D CLASS					AUTOMOBILE Operating As Endorsements		
01	Vehicle Type (SPORT) UTILITY VEHICLE								Operating	As Endorsei	ments	
U					Total # Citations Issued		1	Total Trailer		rs Total HazMat Types		
	1					I	0		0	indi i jpoo		
	Insurance?		irection Of Trave	-	Pre C)	Speed Limit		Total Lanes			
╘│	YES											
UNIT	Most Harmful Event: Collision With				pecial Func			Emergency Motor Vehicle Use NOT APPLICABLE				
	NON DOMESTICATED ANIMAL (ALIVE)				NO SPECIAL FUNCTION							
	Traffic Way				Traffic Control			lr		Traffic Control Inoperative/Missing		
	Surface Type			R	Road Curvature				Road Grade			

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24-04580

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	Truc	uck Bus or HazMat									
		Vehicle									
		License Plate Number 801YGD		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance					
6	-	Vehicle Identification Number		Make	Year	Model					
0	0	1J4HR48N26C345287		JEEP	2006	GRAND CHER					
		Color SIL - SILVER (ALUMINUM)		Body Style UT - SPORT UTILITY		Bus Use					
	ш	Initial Contact Point		Vehicle Damage	VEINOLE						
E	CL	12 - FRONT		01 - RIGHT FRONT CORNER, 12 - FRONT 5 4 3 2 1							
UNIT	VEHICL	Extent Of Damage									
		FUNCTIONAL DAMAGE									
		Towed Due To Damage NOT TOWED									
		What Driver Was Doing		OPERATOR Vehicle Factors							
		ina Dirici rido Domig									
		Driver Prior Action Other		4							
		Driver Actions NO CONTRIBUTING ACTION									
⊢	VEHICLE		•								
UNIT	Ę										
	Ň										
	-										
		Owner Name		Owner Address							
2	0										
	-										
		Policy Holder									
UNIT		Insurance Company		Individual							
		ERIE-INS-CO		CRAIG WOOD							
		Individual									
		Driver NICOLE CONANT		Citations Issued	Sex	A1 E					
	NDIVIDUAL	(608) 415-2702		0 Date of Birth	FEMALE Race						
				Date of Birth	WHITE						
UNIT	Σ	Address		Driver License Number							
	Z	615 DIVISION ST # LOWER REEDSBURG, WI 53959, U	e	STATE: WISCONSIN COUNTRY: UNITED STATES							
	-										
		On Duty Crash		Safety Equipment							
	Sa	fety Equipment		2 Jahr							
		Row	Seat Position	SHOULDER & LAP	BELT						
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
5	001	Injury Seve	Airbag								
	0		RENT INJURY		Trapped/Extricated						
		Ejected Ej	ection Path								
		Medical Transport		EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED									
		Hospital		Date of Death		Time of Death	Time of Death				

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	Distracted By Source										
		Distracted By									
		Distracted By Action									
	Non Motorist										
		Prior Action		•							
		Action									
	٩L										
⊢	INDIVIDUAL										
LNI	Ū										
Σ	N										
	Ľ										
	-										
		Action Other						To/From School			
			Suspected Alcohol U	se	Suspected Drug Use						
	L	Drug & Alcohol	NO		NO						
		Alcohol Test Given		Alcohol Test Type		/					
		TEST NOT GIVEN									
		Drug Test Given	Drug Test Type		Drug Test Results						
		TEST NOT GIVEN									
~	1	Drug Type									
6	001										
		Individual Condition									
		APPEARED NORMAL									