6TL0D0GSMK

24-04742

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 24-04742				DEPUTY G. AKERS			
Y	Crash Date	Crash Time	Crash Time		Date Arrived		Time	Time Arrived			
SMK	05/10/2024 11:22 PM										
SD	Date Notified Time Notified 05/10/2024 11:24			Total U 01	Total Units 01		Tota 00	l Injured	Injured Total Killed 00		
0D0G	On Emergency	t and Run	Lane Close	sure Work Zone			Trailer or Towed		Reporting Threshold		
6TL	Government Property Active School Zone			School Bus Related			Tags	Tags			
	Reportable Crash Type NON-DOMESTICATED A			ANIMAL W/ NO INJURY						Secondary Crash	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
	ON TERRYTOWN RD 438 FT W					Latitude 43.485759804			Longitude -89.778302809		
	OF USH12 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY				X Coordinate 275332.40625			Y Coordinate 4818510			
				Structure Type NO STRUCTU			21	URE			
	Crash Scene										
1	First Harmful Event					First Harm	ful Event Lo	ocation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
	Manner of Collision	, ,				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANS	PORT								
	Road Surface Condition(s)					Roadway I	Factor(s)				
	Environment Factor(s)										
	Weather Condition(s)										
Animal Type						Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Tribal Land					Access Control				Created Study	
						Access CC	JILIOI			Special Study	
	Unit Summary										
	Unit Status Vehicle Operating As C							Unit Type			
	IN TRANSIT D CLASS					AUTOMOBILE					
	Vehicle Type					Operating As Endorsements					
01	PASSENGER CAR										
	Total Occs	Train/Bus # Recorded Total # Citations Issu			ons Issued	d Total Trai		ers	s Total HazMat Types		
	1		0				0		0		
	Insurance?	Direction Of Trave	l .	Pre CrashTire			Speed Limit		Total Lanes		
⊢∣	YES	WESTBOUND		Mark							
UNIT	Most Harmful Event: Collision With			Special Function				Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION					OT APPLICABLE		
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			

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	Truc	Truck Bus or HazMat								
		Vehicle								
		License Plate Number ARF4448		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance				
6	6	Vehicle Identification Number		Make INFINITI	Year 2007	Model G35				
	U	JNKBV61FX7M810365 Color		Body Style	2007	Bus Use				
		BLK - BLACK		SD - SEDAN						
	щ	Initial Contact Point		Vehicle Damage			7 8 9 10 11			
UNIT	VEHICLE	01 - RIGHT FRONT CORNER		01 - RIGHT FRONT C	6					
5		Extent Of Damage DISABLING DAMAGE		FRONT, 12 - FRONT 5 4 3 2 1						
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING	B DAMAGE	CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors	Vehicle Factors					
		Driver Prior Action Other		1						
		Driver Actions								
	щ									
UNIT	<u>C</u>									
5	VEHICLE									
	>									
		Owner Name		Owner Address						
2	0									
⊢	1	Policy Holder								
UNIT	Insurance Company		Individual TRACY FLUETTE							
		STATE-FARM-GENERAL-INS-CO TRACY FLUETTE								
	DIVIDUAL	Driver		Citations Issued	Sex					
		CARTER LARSEN (608) 963-2977		0	MALE					
				Date of Birth	Race WHITE					
UNIT	Σ	Address		Driver License Number						
	Z	108 N MAPLE ST NORTH FREEDOM, WI 53951 ,US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	On Duty Crash Safety Equipment			Safety Equipment						
	Sal			SHOULDER & LAP BELT						
		Row	Seat Position	SHOULDER & LAP	DELI					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
5	001	Injury Severity NO APPARENT INJURY		Airbag						
		Ejected Ejection Path				Trapped/Extricated				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital	Date of Death		Time of Death					

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		Distracted By	Distracted By Source							
		Distracted By Action								
	1	Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	AL									
UNIT	IDU,									
5	INDIVIDUAL									
	Z									
		Action Other						To/From School		
		Action Other								
	L	Drug & Alcohol NO			Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Result					
6	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								