### **6TL0DQPGGV**

24-13228

## 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 Nu 24-13228				stigating Officer/Deputy			
	0.157	0 1 7						ne Arrived			
) GV	Crash Date 11/30/2024	Crash Time 06:00 PM		Date Arrived			Time	Arrived			
PG	Date Notified Time Notified			Total Un	nits		Tota	Injured	Total Killed	I	
g	11/30/2024	06:10 PM		01			00		00	1	
	On Emergency Hit and Run		Lane Closu	Closure Work Zor		k Zone		Trailer or Towe		Reporting Threshold	
etl(	Government Active School Zone			School Bus Related NO			Tags	ags			
9	<b>∨</b> Reportable	TED ANIM	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	_ocation										
Ī	ON STH33 WB					Latitude Longitude					
	240 FT W					43.56504	10496	-90.08430			
	OF CHITWOOD RD										
	IN THE TOWN OF LA VALLE					X Coordinate				Y Coordinate	
	IN SAUK COUNTY					250913.4	121875		482818	7.5	
						Structure 1	Туре		•		
L											
(	Crash Scene										
Ī	First Harmful Event					First Harm	nful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROADW			ΙΔΥ			
-	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIC	TI E IN TRANSPORT	-			Light Condition					
ļ.		JLE IN TRANSPORT	l			Б	<b>F</b> ( ( )				
	Road Surface Condition(s)					Roadway	Factor(s)				
ŀ	=										
	Environment Factor(s)										
ļ.	W (I 0 FF ()										
	Weather Condition(s)										
Į.											
	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ľ	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPE	CIAL JUR	SDICTION	SDICTION		
ŀ	Tribal Land				Access Control				Special Study		
L											
<u> </u>	Jnit Summary										
	Unit Status		Vehi	Vehicle Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS				AUTOMOBILE			
_ 1	Vehicle Type				Operating As Endorsements						
0	(SPORT) UTILITY VEHICLE										
	,				Total # Citations Issued		Total Trail	l ilers   Total Hazl		Mat Types	
	12.50			0		0		0			
	1	Di									
		Direction Of Travel Pre Cras								es	
∟ا	YES WESTBOUND			Mark							
LIND					ecial Function			Emergency Motor Vehi		cle Use	
ر	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA	L FUNC	TION		NOT APPLICABLE			
ŀ	, ,			fic Control				Traffic Control Inoperative/Missing			
				5							
ŀ	Surface Type			Road Curvature					Road Grade		
	оштасе туре			u Gurvatu	ıe			Noau Graue			

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

Crash Date 11/30/2024

Crash Time 06:00 PM

	Truc	k Bus or HazMat						
	,	Vehicle						
		License Plate Number ALZ4531	Plate Type <b>AUT</b>	St WI	Country of Issuance UNITED STATES			
10	VEHICLE 01	Vehicle Identification Number KL4MMESL9MB146444	Make BUIC	Year <b>2021</b>	Model ENCORE GX			
		Color RED - RED	Body Style Bus Use UT - SPORT UTILITY VEHICLE					
LIND		Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage MINOR DAMAGE	Vehicle Damage  01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT  7 8 9 10 11 6 7 8 9 10 11 5 4 3 2 1					
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR					
		What Driver Was Doing  Driver Prior Action Other	Vehicle Factors					
		Driver Actions						
LIND	VEHICLE	123						
		Owner Name	Owner Address					
0	2							
LIND	ı	Policy Holder						
5		Insurance Company OWNERS-INS-CO	JAMES DANIELS					
		Individual I DRIVER	Citations Issued	Sex				
	_	JAMES DANIELS	0					
_	INDIMIDNAL		Date of Birth	Race WHITE				
LIND		Address 32423 COUNTY ROAD V CAZENOVIA, WI 53924 , US	Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash  fety Equipment	Safety Equipment					
		Row Seat Position	SHOULDER & LAP BELT					
	001	Helmet Use	Helmet Compliance					
		Eye Protection	Tint Compliance					
5		Injury Severity NO APPARENT INJURY	Airbag					
		Ejected Ejection Path			Trapped/Extricated			
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #			
		Hospital	Date of Death		Time of Death			

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Crash Time 06:00 PM

Distracted By Source  Distracted By Source									
		Distracted By Action							
			Striking Unit #	Location					
		Non Motorist							
		Prior Action							
		Action							
	A <sub>F</sub>								
╘	INDIVIDUAL								
UNIT	≥								
		Action Other						To/From School	
		7.64.61. 64.16.						. 6,1 16.11 66.156.	
		Suspected Alcohol Use  Drug & Alcohol NO			Suspected Drug Use				
		_	NO		NO				
		Alcohol Test Given TEST NOT GIVEN Alcohol Test Typ					Alcohol Test Results		
		Drug Test Given		Drug Test Type		Drug Test Results			
		TEST NOT GIVEN							
01	001	Drug Type							
	0								
		Individual Condition							
		APPEARED NORMAL							