6TL0FJ55JQ 25-00614

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 25-00614				Investigating Officer/Deputy SERGEANT M. TATE			
g	Crash Date 01/21/2025	Crash Time 06:20 PM		Date Arrived		Time	Time Arrived				
JSSJQ	Date Notified 01/21/2025	Time Notified 06:23 PM		Total Units 01		Total 00		Total Killed		I	
9 P	On Emergency Hi	t and Run	Lane Closu	ure	Wo	rk Zone		Trailer or T	owed		orting shold
6TL	Government Property	nool Zone	School Bus Related NO			Tag	Tags				
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RY Amended			Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
i	Location										
Ī	ON STH60 WB					Latitude			Longitud	le	
	588 FT W					43.19686957			-90.021441822		
	OF JONES RD										
	IN THE TOWN OF SPRING G IN SAUK COUNTY				X Coordinate 254507.65625			Y Coordinate 4787110			
				Structure 7 NO STRU			ture Type STRUCTURE				
(Crash Scene										
ז	First Harmful Event					Firet Harm	ful Event I	ocation			
					First Harmful Event Location						
	NON DOMESTICATED ANIM. Manner of Collision	AL (ALIVE)				ON ROADWAY					
						Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSF	ORI								
	Road Surface Condition(s)					Roadway Factor(s)					
Ì	Environment Factor(s)										
	Weather Condition(s)										
ŀ	Apimal Typo					Deletion To Treffiguray					
	Animal Type DEER					Relation To Trafficway TRAFFICWAY - ON ROAD					
ŀ	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
ŀ	Tribal Land					Access Co			Special		V
							J				
L											
	Unit Summary		11/-1-	iolo Onor-t	ing As O	loogificatic -		111			
	Unit Status			Vehicle Operating As Class			-		Unit Type		
	IN TRANSIT D CLASS							AUTOMOBILE Operating As Endorsements			
01	Vehicle Type							Operating i	As Endorser	nents	
١	(SPORT) UTILITY VEHICLE						Total Trailers Total HazMat Types				
	Total Occs Train/Bus # Recorded			Total # Citations Issued						Mat Types	
	1	Direction Of Travel	f Travel		0					0 Total Lanca	
		Direction Of Travel WESTBOUND	Pre CrashT			e Speed Lin		nit Total Lanes		50	
LINO	Most Harmful Event: Collision With			Special Function					 Emergency Motor Vehicle Use		
5	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			TION		NOT APPLICABLE		
ŀ	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
				Tranic Control				Trains Sorias insperdity (visioning			
ŀ	Surface Type			Road Curvature				Road Grade			

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	Truc	k Bus or HazMat					. ,			
	,	Vehicle								
01		License Plate Number 958YCL		Plate Type AUT Make	St WI Year	Country of Issuance UNITED STATES				
	2	Vehicle Identification Number KNDPCCA27D7537551 Color		KIA Body Style	2013	Model SPORTAGE Bus Use				
	ш	GRY - GRAY Initial Contact Point		UT - SPORT UTILITY VEHICLE Vehicle Damage						
LIND	VEHICLE	12 - FRONT Extent Of Damage DISABLING DAMAGE		O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT						
		Towed Due To Damage TOWED DUE TO DISABLING	DAMAGE	Vehicle Removed By						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	ı							
10	10	Owner Name		Owner Address						
_		Policy Holder								
UNIT		Insurance Company STATE-FARM-CLASSIC-INS	-co	INDIVIDUAL KIMBERLY LAMOR	REAUX					
	DIVIDUAL	Individual								
		DRIVER KIMBERLY LAMOREAUX		Citations Issued 0	Sex FEMALE	LE				
_		(608) 643-9688		Date of Birth	Race WHITE					
UNIT	Ĭ.	Address E7607 TROY VILLAGE RD		Driver License Number						
	Ξ	SPRING GREEN, WI 53588 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Cr fety Equipment	Safety Equipment							
		Row Seat Position		SHOULDER & LAP BELT						
	100	Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
01		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 Date 01/21/2025

Crash Time 06:20 PM

Distracted By Source								
		Distracted By Action						
		Non Motorist Striking Unit #	Location					
		Prior Action	•					
		Action						
	JAL							
LNO	JE .							
_	INDIVIDUAL							
	_							
		Action Other					To/From School	
	1	Drug & Alcohol NO	Use	Suspected Drug Use NO				
	Alcohol Test Given Alcohol Test T			pe Alcohol Test F			Results	
l		TEST NOT GIVEN Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
2	004	Drug Type						
İ		Individual Condition						
		APPEARED NORMAL						