#### 6TL0B655Q1 20-04417

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary O		ary Crash Document # Agency Crash Nu 20-04417		mber	lber Investigating Officer/Deputy  DEPUTY W. NEUBAUER			!			
5	Crash Date <b>05/12/2020</b>	Crash Time 09:40 PM			Date Arrived		Tim	Time Arrived				
6TL0B655Q	Date Notified <b>05/12/2020</b>	Time Notified 09:40 PM			Total Units <b>01</b>		Total <b>00</b>		Injured Total Killed <b>00</b>			
OB	On Emergency	lit and Run	Lane Closu	Lane Closure Work Zone			Trailer or T	owed	wed Reporting Threshold			
<b>6T</b> 1	Government Property	hool Zone	School Bus Related NO			Tag	Tags					
	<b>✓</b> Reportable	Crash Type NON-DOMES	STICATED ANIMAL W/ NO INJUR			RY			Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
Ī	Location											
F	ON STH136 WB					Latitude Longitude						
	113 FT E					43.481381216				327555908		
	OF PLEASANT VALLEY RE					X Coordin	ate		Y Coordinate			
	IN THE TOWN OF BARABO	00				271332.8				4818158		
	IN SAUK COUNTY					Structure			101010			
							UCTURE					
	Crash Scene											
Ī	First Harmful Event	First Harm	ful Event L	ocation								
	NON DOMESTICATED ANI				ON ROADWAY							
	Manner of Collision		in (Alive)			Light Condition						
	00 - NO COLLISION W/VEH	ICLE IN TRANSI	PORT			Ligiti Gott						
-	Road Surface Condition(s)					Roadway	Factor(s)					
	rtodd Garlago Gorlamori(g)					Roadway Factor(s)						
ŀ	Environment Factor(s)											
	.,											
	Weather Condition(s)											
	Animal Type					Relation To Trafficway						
	DEER					TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION							
	Tribal Land					Access Control Special Study						
Į	Unit Summary											
	Unit Status Vehicle Ope				cle Operating As Classification			Unit Type				
	IN TRANSIT			CLASS				AUTOMOBILE				
_ [	Vehicle Type							Operating a	As Endorser	ments		
01	PASSENGER CAR											
ŀ	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Tra		ailers Total Haz		Mat Types		
	1		0				0	0				
-	Insurance?	Direction Of Travel			Pre CrashTire		Speed Li		mit Total Lane			
<b>—</b>	YES WESTBOUND				ark							
LINO	Most Harmful Event: Collision With			cial Function	on	l.		Emergency Motor Vehicle Use				
<b>→</b>	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE			
ŀ	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing			
ŀ	Surface Type			Road Curvature				Road Grade				

Wisconsin Motor Vehicle Crash Form DT4000

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	Truc	sk Bus or HazMat				. ,			
	,	Vehicle							
UNIT 01		License Plate Number AET6208		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
	2	Vehicle Identification Number 2T1BU4EE0BC662467		Make TOYOTA	Year <b>2011</b>	Model COROLLA			
		Color GRY - GRAY		Body Style SD - SEDAN		Bus Use			
	VEHICLE	Initial Contact Point  12 - FRONT  Extent Of Damage  DISABLING DAMAGE		Vehicle Damage  01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT					
		Towed Due To Damage TOWED DUE TO DISABLIN	G DAMAGE	Vehicle Removed By OWNER					
		What Driver Was Doing  Driver Prior Action Other		Vehicle Factors					
		Driver Action Other  Driver Actions							
TINO	VEHICLE	NO CONTRIBUTING ACTION							
		Owner Name Owner Address							
0	6								
⊢	- 1	Policy Holder							
UNIT		Insurance Company TEXAS-CASUALTY-INS-CO	)	Individual  KYLIE NILSON					
	I	ndividual							
		Driver  KYLIE TYANN NILSON		Citations Issued  0		Sex FEMALE			
<b>-</b>	INDIVIDUAL	(254) 449-6542		Date of Birth		Race WHITE			
L		Address E2940 COUNTY ROAD K LA VALLE, WI 53941 , US		Driver License Number					
				STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	fety Equipment On Duty C	Safety Equipment						
		Row	Seat Position	SHOULDER & LAP BE	LT				
		Helmet Use		Helmet Compliance					
	100	Eye Protection		Tint Compliance					
6		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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		Distracted By							
		Distracted By Action							
	,	Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	IND								
		Action Other						To/From School	
							TO/TTOIN SCHOOL		
	L	Drug & Alcohol NO			Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN Alcohol Test Ty					Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
5	001	Drug Type							
		Individual Condition							
		APPEARED NOR	MAL						