

6TL0CBQ6PB
21-04048

Wisconsin Motor Vehicle
Crash Report

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

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| | | | | | |
|--|--|---------------------------------------|------------------------------------|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 21-04048 | Investigating Officer/Deputy DEPUTY B. ZIBELL | |
| Crash Date 05/11/2021 | | Crash Time 05:51 PM | Date Arrived | Time Arrived | |
| Date Notified 05/11/2021 | | Time Notified 05:56 PM | Total Units 01 | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Trailer or Towed | <input type="checkbox"/> Reporting Threshold |
| <input type="checkbox"/> Government Property | <input type="checkbox"/> Active School Zone | School Bus Related NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash | |

| | | | | | |
|---|--|-----------------------------------|--------------------------|--------------------------------|--------------------------------|
| Location ON EAST ST/ STH33 EB 0.35 MI E OF STRAWBRIDGE RD IN THE TOWN OF WOODLAND IN SAUK COUNTY | | Latitude 43.64071201 | Longitude -90.2052490 | Lat/LongSource TLT/ILT | Access Control |
| | | X Coordinate 241469.7812 | Y Coordinate 4836962 | On Roadway Link ID# 5455933 | On Roadway Link Offset 1859 |
| | | Override <input type="checkbox"/> | Tribal Land | | Structure Type NO STRUCTURE |

| | | | |
|---|--|--|---------------|
| Crash Scene First Harmful Event NON DOMESTICATED ANIMAL (ALIVE) | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition | |
| Road Surface Condition(s) | | Environment Factor(s) | |
| Roadway Factor(s) | | Weather Condition(s) | |
| Animal Type DEER | | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | | Access Control | Special Study |

Unit Summary

| | | | | | | |
|----------------|--|----------------------------------|--|---|-------------------------------------|---|
| 01 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | | | | Operating As Endorsements | |
| UNIT | Total Occs 2 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit | Total Lanes | |
| | Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIV) | | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE |
| 01 | Traffic Way | | Traffic Control | | Traffic Control Inoperative/Missing | |
| | Surface Type | | Road Curvature | | Road Grade | |
| | Truck Bus or HazMat | | | | | |
| Role DRIVER | | | Citations Issued 0 | <input type="checkbox"/> Use Driver Address | Individual Type INDIVIDUAL | |

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| | | | | | | | | |
|---|---|--|---|--------------------------------------|---|--|----------------------|--|
| UNIT INDIVIDUAL 01 | Last Name XIONG | | First Name SAVANNA | | | Middle Initial NOU CI | Suffix | |
| | Street Address 937 WEST AVE | | Street Address 2 | | | PO Box | | |
| | City ONALASKA | | State WI | Zip Code 54650 | | Country of Residence UNITED STATES | | |
| | DOB [REDACTED] | Sex F | Race A | Hair BLACK | Eyes BROWN | Height 502 | Weight 115 | Phone Number (608) 518-7965 EXT. |
| | Driver's License Number [REDACTED] | | State WI | License Jurisdiction STATE | | Country of Issuance UNITED STATES | | |
| | License Type NON-CDL DRIVER'S LICENSE | | License Status VALID LICENSE | | | DL Expire Year 2027 | | |
| | Equipment | On Duty Accident | | Safety Equipment | | | | |
| | Row | Seat Position | | SHOULDER & LAP BELT | | | | |
| | Helmet Use | | Helmet Compliance | | | | | |
| | Eye Protection | | Tint Compliance | | | | | |
| UNIT INDIVIDUAL 01 | Injury | 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 | | | |
| | Non Motorist | Striking Unit # | | Location | | To/From School | | |
| | Prior Action | | Action | | | | | |
| | Distracted By Action | | Action Other | | | | | |
| | Distracted By Source | | Action Other | | | | | |
| | Drug & Alcoh | Individual Condition APPEARED NORMAL | | | | | | |
| | Suspected Alcohol Use NO | | | Suspected Drug Use NO | | | | |
| Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | | | |
| Drug Test Given TEST NOT GIVEN | | Drug Test Type | | | Drug Test Results | | | |
| Drug Type | | | | | | | | |
| License Plate Number AAU3633 | | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | | | |
| Vehicle Identification Number 2T3JFREV9HW628089 | | | Year 2017 | Make TOYOTA | | | | |
| Model RAV4 | | | Body Style UT - SPORT UTILITY VEHICLE | | Color BLU - BLUE | | | |
| Initial Contact Point 12 - FRONT | | | | | | | | |

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|------------|--|--|---|--|-----------------------|--|
| UNIT 01 | Extent Of Damage FUNCTIONAL DAMAGE | | Vehicle Damage 01 - RIGHT FRONT CORNER | | | |
| | Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG | | Vehicle Factors | | | |
| | Vehicle Removed By LARS AUTO SERVICE | | | | | |
| | What Driver Was Doing | | Driver Prior Action Other | Bus Use | | |
| VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | | |
| | <input type="checkbox"/> Vehicle Owner Same As Operator | | | <input type="checkbox"/> Use Operator Address | | |
| | Organization Type | | Company Name | | | |
| | Last Name | | First Name | Middle | Suffix | |
| | Street Address | | Street Address2 | | PO Box | |
| | City | | St | Zip Code | Country of Residence | |
| | Telephone Number | | | | | |
| | UNIT HOL 01 | Insurance Company PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-UN | | <input type="checkbox"/> Policy Holder Same As Owner | | <input checked="" type="checkbox"/> Policy Holder Same As Driver |
| | | Organization Type INDIVIDUAL | Last Name XIONG | First Name SAVANNA | Policy Holder Company | |

Signature

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Law Enforcement Agency

| | | | | |
|--|------------------------------------|--|--|-----------------------------------|
| Agency Space | | | | |
| Officer Rank DEP | Officer Last Name ZIBELL | Officer First Name BLAKE | Officer Middle Name S | Suffix |
| DOT Officer ID 9187 | | DNR Officer ID | Officer Badge Number 9187 | |
| Officer EMail | | | | |
| Local Agency Number | | Law Enforcement Agency Jurisdiction SAUK | Law Enforcement Agency type COUNTY SHERIFF | |
| Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN | | | TAS Agency Name SAUK COUNTY SHERIFF | |
| Law Enforcement Agency Street Address 1300 LANGE COURT | | | Law Enforcement Agency Street Address2 | |
| Law Enforcement Agency City BARABOO | | LEA State WI | Law Enforcement Agency Zip Code 53913 | |
| Law Enforcement Agency Phone Number (608) 356-4895 EXT. | | ORI Number WI0570000 | BFUNC Agency 5600 | TraCS Agency Number 205 |