6TL0D942BM SC24-05656

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	-		Agency Crash Number SC24-05656			Investigating Officer/Deputy DEPUTY M. PETERSON			
Σ	Crash Date <b>05/31/2024</b>	Crash Time 11:57 PM			Date Arrived		Time	Time Arrived			
6 I LUD942BM	Date Notified <b>06/01/2024</b>	Time Notified 12:00 AM		Total Units <b>01</b>			Total <b>00</b>		njured Total Killed <b>00</b>		
_ 	On Emergency	it and Run	Lane Clos			rk Zone		Frailer or T	owed	Reporting Threshold	
9	Government Property	Active Sci	hool Zone	NO School	Bus Relat	ea	Tags				
	Crash Type NON-DOMESTICATED A				ANIMAL W/ NO INJURY			Amended		Secondary Crash	
	I, a sworn law enforcement	ent officer, agre	e that I have no	ot added	l any CJ	IS data in	this repor	t.			
	Location <b>Example</b>										
	ON LINN ST/ STH136 WB 0.40 MI W					Latitude 43.476293553		Longitud			
	OF STH33 WB IN THE TOWN OF BARABOO IN SAUK COUNTY						X Coordinate 274882.6875		Y Coord 481747		
	IN SAUR COUNTY		Structure Type NO STRUCTU				RE				
	Creak Coore										
,	Crash Scene										
	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	PORT								
	Road Surface Condition(s)					Roadway Factor(s)					
	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 Co	ntrol			Special Study	
i	Unit Summary					ı					
-	Unit Status		l Veh	nicle Opera	ating As C	lassification		Unit Type			
	IN TRANSIT D				Ü			AUTOMOBILE			
	Vehicle Type					Operating As Endorsements			nents		
01	PASSENGER CAR							-			
	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Trail		ilers Total HazMat Types		Mat Types	
	1		)		0		0				
	Insurance?	Direction Of Travel Pre Cras			rashTire	re Speed Lin		nit Total Lanes		es	
=	YES WESTBOUND			Mark							
ŽΙ	Most Harmful Event: Collision With			ecial Funct		TION		Emergency Motor Vehicle Use			
ر	NON DOMESTICATED ANIM	ANIMAL (ALIVE)		NO SPECIAL FUNC		TION		NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type				Road Curvature			Road Grade			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date **05/31/2024**Crash Time **11:57 PM** 

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## **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

	Truc	Truck Bus or HazMat									
	,	Vehicle									
	VEHICLE 01	License Plate Number ASV6125		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
٤		Vehicle Identification Number KNDCC3LC7K5232449		Make KIA MOTORS CORPO	Year <b>2019</b>	Model NIRO					
		Color SIL - SILVER (ALUMINUM	1)	UT - SPORT UTILITY V	Body Style UT - SPORT UTILITY VEHICLE Bus Use						
LINO.		nitial Contact Point  11 - LEFT FRONT CORNER  Extent Of Damage  FUNCTIONAL DAMAGE			Vehicle Damage  7 8 9 10 11  10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT  6 12 12 5 4 3 2 1						
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER							
		What Driver Was Doing	Vehicle Factors								
		Driver Prior Action Other									
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION									
٦	5	Owner Name		Owner Address							
L-	Policy Holder										
TIND		Insurance Company  AMERICAN-FAMILY-INS-	Individual BRENDA HOLMAN								
	- 1	ndividual									
	INDIVIDUAL	Driver BRENDA HOLMAN	Citations Issued  0	Sex FEMALE							
E			Date of Birth	Race WHITE							
TINO		Address 419 N MAPLE ST # 8 NORTH FREEDOM, WI 53	Driver License Number	Driver License Number							
	Safety Equipment On Duty Crash			Safety Equipment	Safety Equipment						
		Row	Seat Position	SHOULDER & LAP I	BELT						
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
2	- Ito All Altert Hooki			Airbag	Airbag						
		Ejection Path				Trapped/Extricated					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Agency Identifier EMS Run #						
		Hospital	Date of Death	Date of Death Time of Death							

Wisconsin Motor Vehicle Crash Form DT4000

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Crash Date 05/31/2024

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Crash Time 11:57 PM

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		Distracted By	Distracted By Source	1						
		Distracted By Action								
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	JAL									
UNIT	VIDC									
_ ا	INDIVIDUAL									
		Action Other						To/From School		
	ı	Drug & Alcohol NO			Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	I		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
2	001	Drug Type								
		Individual Condition								
		APPEARED NORM	<b>IAL</b>							