6TL0CTJN54

24-06284

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 24-06284				Investigating Officer/Deputy DEPUTY A. KULAS			
54	Crash Date 06/16/2024	Crash Time 01:38 AM		Date Arrived			Time	Time Arrived			
CTJN54	Date Notified 06/16/2024	Time Notified 01:41 AM			Total Units 01		Total Ir 00		Total Killed 00		
-0C	On Emergency	lit and Run	Lane Closu	sure Work Zone		rk Zone		Trailer or Towed		Reporting Threshold	
6TL0	Government Property	hool Zone	School Bus Related NO			Tage	Tags				
	Reportable		ANIMAL W/ NO INJURY				Amended		Secondary Crash	у	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
ĺ	Location										
	ON CTHBD NB 371 FT N					Latitude 43.48103	Latitude Longitude 43.481038284 -89.770108449				
	OF LOG LODGE CT IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY				X Coordinate 275977.625			Y Coordinate 4817963.5			
						Structure Type NO STRUCTURE					
	Crash Scene										
,	First Harmful Event										
						First Harmful Event Location					
	NON DOMESTICATED ANII Manner of Collision	MAL (ALIVE)				ON ROADWAY					
	00 - NO COLLISION W/VEH					Light Condition					
		IICLE IN TRANSI	PORT			Deeducer					
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
						TRAFFICWAY - ON ROAD					
	DEER Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land				Access Control Special Study						
						1.00003-00				Special Gludy	
	Unit Summary		l Vob	iolo Opor	oting As C	localification		L In it Toma			
						Automodeliassification Unit Type					
	IN TRANSIT D CLASS Vehicle Type					Operating As Endorsements					
01	(SPORT) UTILITY VEHICLE							Operating		lineitis	
-	Total Occs Train/Bus # Recorded Total # Citations Iss				one lecuod	Total Trailers Total HazMat Types					
			0 III				0		0	inat Types	
	Insurance?	Direction Of Trave	-	-		-				otal Lanes	
F	YES	NORTHBOUND		Pre CrashTire Mark		Choose Fill					
UNIT	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			Special Function NO SPECIAL FUNCTION		TION			Motor Vehicle Use		
	Traffic Way			Traffic Control			Traffic		Control Inoperative/Missing		
	Surface Type			Road Curvature				Road Grade			

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	Truck Bus or HazMat									
	,	Vehicle								
	01	License Plate Number AAV7894	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance					
2		Vehicle Identification Number 1GNKVGKD2EJ190167	Make CHEVROLET	Year 2014	Model TRAVERSE					
		Color GRY - GRAY	UT - SPORT UTILITY	Body Style Bus Use UT - SPORT UTILITY VEHICLE						
UNIT	VEHICLE	Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage 11 - LEFT FRONT CO	Vehicle Damage 7 8 9 10 11 11 - LEFT FRONT CORNER 5 4 3 2 1						
	-	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR							
		What Driver Was Doing	Vehicle Factors	Vehicle Factors						
		Driver Prior Action Other								
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
01	01	Owner Name	Owner Address							
°	0									
UNIT		Policy Holder Insurance Company								
5	PROGRESSIVE-CLASSIC-INS-CO		Individual YAJAIRA RUIZ							
		Individual								
	INDIVIDUAL	Driver YAJAIRA RUIZ	Citations Issued 0	Sex FEMALE						
⊢		(608) 477-5204	Date of Birth	Race HISPANIC						
UNIT	Δ	Address 25 FAWN DR	Driver License Number	Driver License Number						
	Z	BARABOO, WI 53913 , US	STATE: WISCONSI	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sa	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
		Eye Protection	Tint Compliance							
5	001	Injury Severity NO APPARENT INJURY	Airbag Y							
		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 Source									
		Distracted By Action									
		Non Motorist	Striking Unit #	Location							
		Prior Action		•							
		Action									
	٩L										
⊢	INDIVIDUAL										
LNI	Ū										
Σ	N										
	Ľ										
	-										
		Action Other						To/From School			
		Suspected Alcohol Use			Suspected Drug Use						
	L	Drug & Alcohol	NO		NO						
		Alcohol Test Given Alcohol Test Ty		Alcohol Test Type	e Alcohol Test F						
		TEST NOT GIVEN									
		Drug Test Given		Drug Test Type	Drug Test Results						
		TEST NOT GIVEN									
~	1	Drug Type				•					
6	001										
		Individual Condition									
		APPEARED NORMAL									