6TL0DBC3HJ 24-07936

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 24-07936			Investigating Officer/Deputy DEPUTY B. TRAGER			
긒	Crash Date 07/20/2024	Crash Time 02:49 PM	Date Arr	Date Arrived		Time	Time Arrived			
всзн	Date Notified 07/20/2024	Time Notified 02:50 PM	Total Ur 01	Total Units 01		Total 00	otal Injured Total Killed 00		I	
0	On Emergency Hi	t and Run Lane	Closure	e Work Zone			Trailer or Towed		Reporting Threshold	
eTL	Government Property	School B NO				Tags				
	✓ Reportable	Crash Type NON-DOMESTICATED	STICATED ANIMAL W/ NO INJUF			Amended			Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ì	Location									
Ī	ON STH33 EB				Latitude Longitude				le	
	19 FT S				43.48666	0465		-89.640571539		
	OF MAN MOUND RD PRIVAT				X Coordinate			Y Coordinate		
	IN THE TOWN OF GREENFIE	=LD			286473.65625		481824		7.5	
	IN SAUR COUNTY				Structure Type					
Į										
	Crash Scene									
Ī	First Harmful Event First Harmful Event Location									
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA	DWAY				
l	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT								
Ì	Road Surface Condition(s)				Roadway F	Factor(s)				
ļ										
	Environment Factor(s)									
	Weather Condition(s)									
	Asima I Tura				Deletion To Trafficular					
	Animal Type DEER				Relation To Trafficway TRAFFICWAY - ON ROAD					
ŀ						Crash Classification - Jurisdiction				
	Crash Classification - Location PUBLIC PROPERTY				NO SPECIAL JURISDICTION					
ŀ	Tribal Land			Access Control				Special Study		
ı	Unit Summary									
`	Unit Status		Vehicle Opera	atina As C	lassification		Unit Type			
	IN TRANSIT D CLASS			5			AUTOMOBILE			
ŀ	Vehicle Type				Operating As Endorsements					
01	(SPORT) UTILITY VEHICLE									
	Total Occs	Total # Citations Issued		Total Traile		ers Total Hazi		Mat Types		
	2		0			0		0		
		Direction Of Travel		rashTire)	Speed Lim	it	Total Lane	es	
	YES NORTHBOUND		Mark				Emergency Motor Vehicle Use		-1-11	
5	Most Harmful Event: Collision With	Special Function NO SPECIAL FUNCTION								
ļ	NON DOMESTICATED ANIM									
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
ŀ	Surface Type	Road Curvatu	Road Curvature			Road Grade				
	71									

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	Truc	k Bus or HazMat						
	,	Vehicle						
	VEHICLE 01	License Plate Number AUS1660	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
6		Vehicle Identification Number JTMRFREV9ED078470	Make TOYOTA	Year 2014	Model RAV4			
		Color RED - RED	Body Style Bus Use UT - SPORT UTILITY VEHICLE					
LINI		Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage DISABLING DAMAGE	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1					
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING					
		What Driver Was Doing Driver Prior Action Other	Vehicle Factors					
		Driver Actions						
LIND	VEHICLE	NO CONTRIBUTING ACTION						
		Owner Name	Owner Address					
0	6							
LINO		Policy Holder Insurance Company	I. min					
5		ACUITY,-A-MUTUAL-INSURANCE-CO	Individual GRACE BARDEN					
	DIVIDUAL	Individual Driver	Citations Issued Sex					
		GRACE BARDEN	0	FEMALE				
_		(608) 697-2559	Date of Birth	Race WHITE				
LINO		Address N7712 HWY 44 PARDEEVILLE, WI 53954 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash fety Equipment	Safety Equipment					
		Row Seat Position	SHOULDER & LAP BELT					
	001	Helmet Use	Helmet Compliance					
		Eye Protection	Tint Compliance					
6		Injury Severity NO APPARENT INJURY	Airbag					
		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 Source	,				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	Ξ							
		Action Other						To/From School
	Ĺ	Drug & Alcohol NO			Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN Alcohol Test Type			Alcohol Test Result			
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results			
2	001	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					