6TL0DKRB28

24-11066

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash I	Primary Crash Document #		Agency Crash Number 23-11066			Investigating Officer/Deputy DEPUTY R. BARNES			
	0.15.										
328	Crash Date 10/03/2024	07:20 PM	Crash Time 07:20 PM		Date Arrived		TIM	Time Arrived			
2	Date Notified	Time Notified		Total Ur	nits			al Injured	Total Killed	t	
ᅐ	10/03/2024	07:20 PM	07:20 PM		01		00		00		•
<u>-0</u>	On Emergency	Hit and Run	Lane Closu		Ш	rk Zone		Trailer or T	owed	Report Thresh	
6TL0DKRB28	Government Property	hool Zone	School Bus Related NO			Tag	Tags				
	Reportable	Crash Type NON-DOMES	TICATED ANIM	AL W/ N	IO INJUF	RY		Amended		Second Cras	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
ĺ	Location										
-	ON STH33 EB					Latitude			Longitud	de	
	1299 FT E					43.50554194 X Coordinate		-89.6		01644969	
	OF BREEZY HILL RD								Y Coord	Coordinate	
	IN THE TOWN OF FAIRFIE	LD				II				4820245	
	IN SAUK COUNTY					Structure 7				-	
						Structure	туре				
(Crash Scene										
ì	First Harmful Event					First Horm	ıful Event L	agation			
		IMAL (ALIVE)				ON ROA		ocation			
,	NON DOMESTICATED AN Manner of Collision	IIVIAL (ALIVE)									
						Light Condition					
ļ	00 - NO COLLISION W/VE	HICLE IN TRANS	PORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)					1					
	Weather Condition(s)										
	,										
	Animal Type					Relation To Trafficway					
	Animal Type DEER Crack Chapting Leasting							•			
						TRAFFICWAY - ON ROA					
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Tribal Land				Access Co		105.01.011		Special Study		
į	Unit Summary										
	Unit Status Vehicle Operating As C					lassification		Unit Type			
	IN TRANSIT D CLAS				LASS			AUTOMOBILE			
	Vehicle Type							Operating /	As Endorsei	ments	
0	(SPORT) UTILITY VEHICLE										
	Total Occs	Train/Bus # Recorded Total # Citations			ns Issued	sued Total Tr		lers Total HazM		Mat Types	
	3		0				0			0	
	Insurance?	Direction Of Trave	I	Pre CrashTire			Speed Lii	peed Limit Total		Lanes	
_	YES	EASTBOUND		Mark							
UNIT	Most Harmful Event: Collision With			Special Function			J		Emergency Motor Vehicle Use		
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTI			TION		NOT APPLICABLE		
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Confess Tons			 					Grado		
	Surface Type			Road Curvature				Road Grade			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 3

Crash Date 10/03/2024
Crash Time 07:20 PM

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	Truc	ck Bus or HazMat					· · ·				
	Vehicle										
UNIT 01		License Plate Number AYD3887		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
	VEHICLE 01	Vehicle Identification Number 1GNEVKKW7NJ117135		Make CHEVROLET	Year 2022	Model TRAVERSE					
		Color WHI - WHITE Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE		Body Style UT - SPORT UTILITY VEHICLE Vehicle Damage 7 8 9 10 11							
				01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 11 - LEFT FRONT CORNER, 12 - FRONT							
		Towed Due To Damage NOT TOWED What Driver Was Doing	Vehicle Removed By OPERATOR Vehicle Factors								
		Driver Prior Action Other									
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION									
5	10	Owner Name		Owner Address							
TIND	Policy Holder Insurance Company Individual										
5	RISK AVOIDANCE			TAYLOR WILLIAMS							
	INDIVIDUAL	Individual Driver		Citations Issued	Sex						
		TAYLOR WILLIAMS	0	FEMALE							
E			Date of Birth	WHITE							
TINO		Address W11843 STATE ROAD 33 PORTAGE, WI 53901 , US		Driver License Number							
	Sat	fety Equipment On Duty Cra	Safety Equipment								
		Row	Seat Position	SHOULDER & LAP BELT							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
2	90	Injury Seventy NO APPARENT INJURY		Airbag							
		Ejection Path				Trapped/Extricated					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #					
		Hospital		Date of Death		Time of Death					

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $2 \quad \text{of} \quad 3$

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Distracted By Source								
		Distracted By Action						
		Non Motorist Striking Unit #	Location					
		Prior Action						
		Action						
_	UAL							
TIND	INDIVIDUAL							
	Ĭ							
		Anting Other					T- / O-b	
		Action Other					To/From School	
	L	Drug & Alcohol NO	nol Use	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			
۶	001	Drug Type						
		Individual Condition						
		APPEARED NORMAL						