### 6TL0D2XVS9 24-11174

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Do	ary Crash Document # Agency Crash Nu 24-11174				tigating Officer/Deputy UTY B. GOODREAU					
S9	Crash Date 10/06/2024	Crash Time 07:20 PM			Date Arrived		Time	Time Arrived				
2XV	Date Notified 10/06/2024	Time Notified 07:22 PM			Total Units <b>01</b>		Tota <b>00</b>	Total InjuredTotal I0000		1		
6TL0D2XVS	On Emergency	lit and Run	Lane Closu	ıre	Wo	Work Zone		Trailer or T	owed	Reporting Threshold		
6TL	Government Property	ool Zone	School Bus Related			Tags	Tags					
	Crash Type			O ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	✔ I, a sworn law enforcen	that I have no	l any CJ	IIS data in this report.								
i	Location											
i	ON STH33 EB					Latitude Longitude						
	0.62 MI E					43.530196986		•		590044		
	OF COUNTY LAND FILL LM					X Coordinate		Y Coordi		inate		
	IN THE TOWN OF EXCELS	IOR				267312.3		4823724				
	IN SAUK COUNTY					Structure	Type					
						NO STR	•••					
1	Crash Scene											
1						1						
	First Harmful Event						Inful Event Lo	ocation				
	NON DOMESTICATED ANI Manner of Collision	MAL (ALIVE)				ON ROA						
						Light Condition						
	00 - NO COLLISION W/VEH	IICLE IN TRANSPO	JRI			Deedword						
	Road Surface Condition(s)					Roadway Factor(s)						
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type						Relation To Trafficway					
	DEER Crash Classification - Location PUBLIC PROPERTY					TRAFFICWAY - ON ROAD						
						Crash Classification - Jurisdiction						
						NO SPECIAL JURISDICTION						
	Tribal Land					Access Control				Special Study		
ĺ	Unit Summary											
	Unit Status		Vehi	icle Opera	ating As C	lassification		Unit Type				
	IN TRANSIT D CLASS							AUTOMOBILE				
_ 1	Vehicle Type					Operating As Endorsements						
0	(SPORT) UTILITY VEHICLE											
	Total Occs	ccs Train/Bus # Recorded To			Total # Citations Issued		Total Traile		Total Haz	Mat Types		
	1		0			0		0				
	Insurance?	Direction Of Travel		Pre CrashTire			Speed Limit Total La		Total Lane	es		
⊨	YES EASTBOUND Mark											
UNIT				Special Function NO SPECIAL FUNCT				Emergency Motor Vehicle Use NOT APPLICABLE				
	Traffic Way Traffic Cont				ontrol			Traffic Control Inoperative/Missing				
	Surface Type Road Curvatu							Road Grade				
	Road Gu				Curvature			Noau Graue				
I I												

Wisconsin Motor Vehicle Crash Form DT4000

Crash Date **10/06/2024** Crash Time **07:20 PM** 

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

	Truck Bus or HazMat										
	Vehicle										
10	VEHICLE 01	License Plate Number 493WHH		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance					
		Vehicle Identification Number 1GKET66M266131323		Make GENERAL MOTORS CO	Year OR 2006	Model ENVOY					
		Color WHI - WHITE		Body Style UT - SPORT UTILITY VE	EHICLE	Bus Use	Bus Use				
UNIT		Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE		Vehicle Damage         7         8         9         10         11           01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT         6         7         8         9         10         11							
		Towed Due To Damage	G DAMAGE	Vehicle Removed By OPERATOR							
		What Driver Was Doing	Vehicle Factors								
		Driver Prior Action Other									
HOCONTRIBUTING ACTION											
6	01	Owner Name	Owner Address	Owner Address							
Policy Holder											
UNIT		Insurance Company SCHWARZ INSURANCE		Individual CHERYL NORMAN							
		Individual									
	INDIVIDUAL	Driver CHERYL NORMAN		0	Sex FEMALE						
UNIT				Date of Birth Race WHITE Driver License Number							
5		Address S2859 COUNTY ROAD BD BARABOO, WI 53913 , US									
	On Duty Crash			Safety Equipment							
	001	Row	Seat Position	SHOULDER & LAP B	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
2		Injury Seventy NO APPARENT INJURY Ejected Ejection Path		Airbag 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 of 3  $\,$ 

Crash Date 10/06/2024 Crash Time 07:20 PM

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		Distracted By Distracted By Source								
		Distracted By Action								
		Non Motorist	g Unit #	Location						
		Prior Action								
		Action								
L	UAL									
UNIT	INDIVIDUAL									
	<b>ND</b>									
		Action Other						To/From School		
	Drug & Alcohol NO			se	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				
2	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								