

6TL0D7W17F
24-12478

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0D7W17F

| | | | | | |
|------------------------------------------------|---------------------------------------------|-----------------------------------------------------------|----------------------------------------|----------------------------------------------------------|----------------------------------------------|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 24-12478 | Investigating Officer/Deputy DEPUTY K. MUELLER | |
| Crash Date 11/08/2024 | | Crash Time 06:11 PM | Date Arrived | Time Arrived | |
| Date Notified 11/08/2024 | | Time Notified 06:11 PM | Total Units 01 | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Trailer or Towed | <input type="checkbox"/> Reporting Threshold |
| <input type="checkbox"/> Government Property | <input type="checkbox"/> Active School Zone | School Bus Related NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

| | | |
|-------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|
| ON CTHA SB 0.34 MI N OF SHADY LANE RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY | Latitude 43.55166419 | Longitude -89.738501104 |
| | X Coordinate 278792.1875 | Y Coordinate 4825723 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------|
| First Harmful Event NON DOMESTICATED ANIMAL (ALIVE) | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition | |
| Road Surface Condition(s) | Roadway Factor(s) | |
| Environment Factor(s) | | |
| Weather Condition(s) | | |
| Animal Type DEER | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control | Special Study |

Unit Summary

| | | | | | | |
|-------------|------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|------------------------------------------------------|--------------------------------|--|
| UNIT | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type TRUCK | | | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | Operating As Endorsements | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit | Total Lanes | |
| | Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE) | | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | Traffic Way | | Traffic Control | Traffic Control Inoperative/Missing | | |
| | Surface Type | | Road Curvature | Road Grade | | |

NO

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| | | | | | | |
|---------------------------------------------|---------------|-------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------|
| | | Truck Bus or HazMat | | | | |
| 01 | UNIT | VEHICLE | Vehicle | | | |
| | | | License Plate Number TV2762 | Plate Type LTK | St WI | Country of Issuance UNITED STATES |
| | | | Vehicle Identification Number 3GTU2PEJ8HG210648 | Make GMC | Year 2017 | Model SIERRA |
| | | | Color GRY - GRAY | Body Style PK - PICKUP | Bus Use | |
| | | | Initial Contact Point 12 - FRONT | Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT | | |
| | | | Extent Of Damage DISABLING DAMAGE | | | |
| | | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By CRAIGS TOWING | | |
| | | | What Driver Was Doing | Vehicle Factors | | |
| | | | Driver Prior Action Other | | | |
| | | | 01 | UNIT | VEHICLE | Driver Actions 123 |
| Owner Name | Owner Address | | | | | |
| Policy Holder | | | | | | |
| 01 | UNIT | Insurance Company STATE-FARM-GENERAL-INS-CO | INDIVIDUAL AMANDA O BRIEN | | | |
| | | Individual | | | | |
| 01 | UNIT | INDIVIDUAL | DRIVER AMANDA O BRIEN (262) 993-1409 | Citations Issued 0 | Sex FEMALE | |
| | | | | Date of Birth | Race WHITE | |
| | | | Address 1158 S CHICAGO LN FRIENDSHIP, WI 53934 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 01 | UNIT | 001 | Safety Equipment | | On Duty Crash | |
| | | | | | Safety Equipment SHOULDER & LAP BELT | |
| | | | Row | Seat Position | | |
| | | | Helmet Use | | Helmet Compliance | |
| | | | Eye Protection | | Tint Compliance | |
| | | | Injury | | Injury Severity NO APPARENT INJURY | Airbag |
| Ejected | | Ejection Path | | Trapped/Extricated | | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # | | |
| Hospital | | Date of Death | | Time of Death | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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|-------------|---------------------------------------------|------------------------|------------------------------------|---------------------------------|----------------------|
| UNIT | Distracted By | | Distracted By Source | | |
| | Distracted By Action | | | | |
| | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | Drug & Alcohol | | Suspected Alcohol Use NO | 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 | |
| | Drug Type | | | | |
| 01 | 001 | Individual Condition | | | |
| | | APPEARED NORMAL | | | |