6TL0D2XVSP 24-12774

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 Nu 24-12774				stigating Officer/Deputy			
	0 1 5 1										
SP	Crash Date 11/16/2024	Crash Time 07:36 PM		Date Arrived			Time Arrived				
2	Date Notified Time Notified			Total U	nits		Tota	l Injured	Total Killed	Killed	
5	11/16/2024	07:36 PM		01	ī		00		00	1	
.0D2XV	On Emergency Hit and Run		Lane Closure W		□Wo	rk Zone		Trailer or 1	owed	Reporting Threshold	
eTL	Government Active School Zone			School Bus Related T			Tags	igs .			
9	✓ Reportable	ICATED ANI	ANIMAL W/ NO INJURY				Amended		Secondary Crash		
Ī	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ĭ											
ſ	ON S2304 N DEWEY AVE					Latitude			Longitude		
		265 FT E				43.56230)5248	; .		-89.977585092	
	OF MEADOWVIEW RD (HOUSE/BUILDING S2304)				X Coordinate 259521.21875				Y Coordinate 4827569		
	IN THE TOWN OF WINFIELD				Structure Type						
L	IN SAUK COUNTY					HOUSE	BUILDING	1			
	Crash Scene										
	First Harmful Event					First Harm	nful Event Lo	ocation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
ľ	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSP	ORT								
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
ŀ	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPE	CIAL JUR	ISDICTION	DICTION		
•	Tribal Land					Access Control Special Study					
L	Init Owners and										
	Unit Summary		T.V.	- l-: - l - O	-ti A - O	:£:4:		T =			
				Vehicle Operating As Classificat		assification			D		
ļ	IN TRANSIT D CLASS							AUTOMOBILE			
01	Vehicle Type					Operating As Endorsements					
)	(SPORT) UTILITY VEHICLE						· · · · · · ·		s Total HazMat Types		
	Total Occs 1	Train/Bus # Recorded		Total # Citations Issued 0		Total Traile		ers Total Haz		Mat Types	
ŀ		Direction Of Travel		Pre CrashTire		Speed Lim		nit Total Lane		es	
LIND	YES WESTBOUND Most Harmful Event: Collision With			Mark Special Function				Emergency Motor Vehicle Use		ida Hsa	
5	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION					Γ APPLICABLE		
Ì	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing			tive/Missing	
ŀ	Surface Type			Road Curvature				Road Grade			

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l	T	Fruck Bus or HazMat								
	Truc	K DUS OF MAZIVIAL								
	١,	Vehicle								
			Plate Type	late Type St Country of Issuance						
			AUT	wı	UNITED STATES					
			Make	Year	Model					
2	2									
٦	0		HOND	2021	HR-V					
			Body Style		Bus Use					
	VEHICLE		UT - SPORT UTILITY VEHICLE							
			Vehicle Damage 7 8 9 10 11							
LIND		11 - LEFT FRONT CORNER	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT Vehicle Removed By							
5		Extent Of Damage								
_		MINOR DAMAGE								
		Towed Due To Damage								
		NOT TOWED	OPERATOR							
		What Driver Was Doing	Vehicle Factors							
		·								
		Driver Prior Action Other								
		Driver Actions								
	ш	123								
⊨	VEHICLE									
LIND	Ĭ									
>	回									
	>									
		Owner Name	Owner Address							
		owner rame	OWIGE / Mariess							
2	6									
		Dalland Haddan								
LIND		Policy Holder Insurance Company INDIVIDUAL								
5		PROGRESSIVE-CLASSIC-INS-CO	INDIVIDUAL CHANEL MILLER							
		Individual I DRIVER	Citations Issued Sex							
		CHANEL MILLER	0	FEMALE						
	DIVIDUAL		Date of Birth Race							
١.			Date of Diffti							
L		Address	Driver License Number							
5	ā	1901 BROADWAY APT 3	Driver License Number							
	Z	WISCONSIN DELLS, WI 53965 , US								
		, ,								
		On Duty Crash	Safaty Equipment							
	Sai	fety Equipment	Safety Equipment							
			SHOTH DEB & I VB	DELT						
		Row Seat Position	SHOULDER & LAP I	DELI						
		Halmot Hag	Helmot Compliance							
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Counting or							
		Eye Flotection	Tint Compliance							
_	_	Injury Severity	Airbag							
01	001	Injury NO APPARENT INJURY								
		Ejected Ejection Path	Trapped/Extricated							
		Medical Transport	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED								
		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						
	JAL							
LNO	INDIVIDUAL							
	INDI							
		Action Other						To/From School
	Drug & Alcohol NO			se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results			
10	001	Drug Type						
Individual Condition								
		APPEARED NORM	MAL					