6TL0CVRP5K 24-13165

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 24-13165			Investigating Officer/Deputy SERGEANT B. LUBER				
5K	Crash Date 11/27/2024	Crash Time 06:28 PM			Date Arrived		Tim	Time Arrived				
6TL0CVRP	Date Notified 11/27/2024	Time Notified 06:28 PM			Total Units 01		Tota 00		Total Killed	i		
) ()	On Emergency H	it and Run	and Run Lane Closu		ure Worl		rk Zone		owed	Reporting Threshold		
eTL	Government Property	hool Zone	School Bus Related NO			Тао	Tags					
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RY Amended			Secondary Crash				
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
i	Location										Ē	
į	ON STH136 EB					Latitude			Longitud	de .	_	
	1022 FT S					43.478785724		-89.8298				
	OF PLEASANT VALLEY RD										_	
	IN THE TOWN OF BARABOO	0				X Coordinate 271133.6875			Y Coordinate 4817876			
	IN SAUK COUNTY								401707	0		
						Structure 7	Туре					
	Crash Scene											
ì	First Harmful Event					le:	(15 (1				_	
							nful Event I	_ocation				
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROADWAY						
	Manner of Collision					Light Condition						
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	PORT									
	Road Surface Condition(s)					Roadway	Factor(s)					
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type					Relation To Trafficway						
	DEER					TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION						
	Tribal Land					Access Control Special Study						
	Unit Summary											
	Unit Status		I V/oh	icle Operat	ing As C	laccification	1	Linit Tuna			_	
					/ehicle Operating As Classification			Unit Type				
	IN TRANSIT D CLASS							AUTOMOBILE Operating As Endorsements				
01	Vehicle Type							Operating I	As Endorser	ments		
0	(SPORT) UTILITY VEHICLE											
	Total Occs	Train/Bus # Record	Bus # Recorded Total # Citations Issued			Total Trail 0		ailers Total Hazl 0		Mat Types		
	2		0	0								
	Insurance? Direction Of Travel			Pre CrashTire		Speed Li		mit Total Lane		es	_	
\vdash	YES EASTBOUND			Mark								
LINO	Most Harmful Event: Collision With			cial Function			Emergency Motor Vehicle Use		_			
\supset	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION					NOT APPLICABLE			
	Traffic Way							Traffic Control Inoperative/Missing				
	Traine way			Traffic Control				Trailic Control moperative/iviissing				
	Surface Type			Dead Completion				Road Grade				
	Surface Type			Road Curvature				Road Glade				
		1				l		i .				

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Crash Date 11/27/2024

Crash Time 06:28 PM

	Truc	k Bus or HazMat					. ,			
	<u> </u>	Vehicle								
		License Plate Number 10532EM		Plate Type EMT	St WI	Country of Issuance UNITED STATES				
6	5	Vehicle Identification Number WA1AHAF76KD039429		Make AUDI Body Style	Year 2019	Model Q7 Bus Use				
	ш	Color WHI - WHITE Initial Contact Point		UT - SPORT UTILITY Vehicle Damage	Bus Ose					
LIND	VEHICL	12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE		O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT						
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other Driver Actions								
LIND	VEHICLE	123								
01	70	Owner Name		Owner Address						
⊨		L Policy Holder								
LIND		Insurance Company GEICO-ADVANTAGE-INSUR	ANCE-CO	INDIVIDUAL AMY HAHN						
		Individual								
	_	DRIVER AMY HAHN		Citations Issued 0	Sex FEMALE	.E				
_	INDIVIDUAL	(608) 415-0721		Date of Birth	Race WHITE					
LIND		Address E5703 SUNRISE RD LOGANVILLE, WI 53943 , US		Driver License Number						
				STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sa	fety Equipment	Safety Equipment							
		Row	Seat Position	SHOULDER & LAP	BELT					
	100	Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
6		Injury Severity NO APPARENT INJURY		Airbag						
		Ejected Ejection Path				Trapped/Extricated				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	EMS Run #			
		Hospital		Date of Death		Time of Death				

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Distracted By Source									
		Distracted By Action							
			Striking Unit #	Location					
		Non Motorist							
		Prior Action							
		Action							
	A _F								
╘	2								
UNIT	INDIVIDUAL								
		Action Other						To/From School	
		7.64.61. 64.16.						. 6,1 16.11 66.156.	
		Drug & Alcohol	Suspected Alcohol U	se	Suspected Drug Use				
		_	NO		NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
				Drug Test Type Drug Test Results					
		TEST NOT GIVEN				J			
01	001	Drug Type							
	0								
		Individual Condition APPEARED NORMAL							