6TL0DQPGH7 25-00377

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 Num				stigating Officer/Deputy			
	C	Our de Tierre		Date Arrived							
H.	Crash Date Crash Time 01/12/2025 06:48 PM			Date An	rivea		Time	Time Arrived			
Q	Date Notified Time Notified			Total Ur	nits		Total	Injured	Total Killed	tal Killed	
6TL0DQP	01/12/2025	06:48 PM		01		00			00		
	On Emergency Hit and Run Lane		Lane Closu	osure Work Zone			Trailer or Towed		Reporting Threshold		
	Government Active School Zone			School Bus Related Ta			Tags	gs			
u	Reportable	ATED ANIM	ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ì	ocation										
Ī	ON STH33 EB					Latitude Longitude					
	1175 FT W				43.5659376		37656	56		-90.087632191	
	OF BODENDIEN RD										
	IN THE TOWN OF LA VALLE					X Coordinate			Y Coordinate		
	IN SAUK COUNTY					250648.0)46875		482829	07	
						Structure	Туре				
- 1	Creek Coope					l.					
	Crash Scene										
	First Harmful Event					First Harm	nful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROA	DWAY				
Ì	Manner of Collision						Light Condition				
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPOR	т			_					
ŀ	Road Surface Condition(s)					Roadway	Factor(s)				
							(-)				
ŀ	Environment Factor(s)										
ŀ	Weather Condition(s)										
	,										
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ŀ					Crash Classification - Jurisdiction						
	Crash Classification - Location				NO SPECIAL JURISDICTION						
	PUBLIC PROPERTY										
	Tribal Land					Access Control				Special Study	
	Unit Summary ————————————————————————————————————										
i	Unit Status		Veh	icle Opera	ating As C	lassification	<u> </u>	Unit Type			
				CLASS			AUTOMOBILE				
ŀ	Vehicle Type						Operating As Endorsements		monto		
0	•							Operating i	AS Elidoisei	nents	
١	(SPORT) UTILITY VEHICLE										
	Total Occs Train/Bus # Recorded		Tota	Total # Citations Issued						Mat Types	
	1		0				0		0		
İ	Insurance?	Direction Of Travel		Pre CrashTi		e Speed Lim		nit Total Lanes		es	
ᆈ	YES EASTBOUND			Mark							
LIND	Most Harmful Event: Collision With Special Function					1		Emergency Motor Vehicle Use			
D	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA		TION		NOT APPLICABLE			
ļ	, , ,										
	Traffic Way			ffic Contro	I			Traffic Control Inoperative/Missing			
ļ											
	Surface Type			Road Curvature					Road Grade		

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	Truc	k Bus or HazMat							
	,	Vehicle							
		License Plate Number	Plate Type	Country of Issuance					
_		416ZXE	AUT	St WI	UNITED STATES				
		Vehicle Identification Number	Make	Year	Model				
2	2	JTMBFREV0D5013985	TOYT	2013	RAV4 LE				
		Color	Body Style	Л	Bus Use				
	VEHICLE	SIL - SILVER (ALUMINUM)	LL - CARRYALL						
١.		Initial Contact Point	Vehicle Damage 7 8 9 10 11						
L		12 - FRONT	01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						
		Extent Of Damage							
		DISABLING DAMAGE Towed Due To Damage	Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE	MOOSE TOWING						
		What Driver Was Doing	Vehicle Factors						
		What Billor Was Boiling	Vollido i dotoro						
		Driver Prior Action Other	╡						
		Driver Actions							
_	Щ	NO CONTRIBUTING ACTION							
L	VEHICLE								
5	ᇤ								
	>								
		Owner Name	Owner Address						
		Owner Name	Owner Address	Owner Address					
9	2								
		Policy Holder							
LND		Insurance Company INDIVIDUAL							
5		STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	MICHELLE YOUNG	ì					
		ndividual							
		DRIVER	Citations Issued	Citations Issued Sex					
	_	ALYSSA SIEVERT	0						
	A		Date of Birth	Race					
╘	DIVIDUAL								
L N N	\geq	Address	Driver License Number						
_	Ĭ	W6114 WAFLE RD MAUSTON, WI 53948	STATE: WISCONSIN COUNTRY: UNITED STATES						
	_	,							
		On Duty Crash	Safety Equipment						
	Sa	fety Equipment							
		Row Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
		Initiry Soverthy	LAithea						
01	00	Injury Severity NO APPARENT INJURY	Airbag						
		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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Crash Date 01/12/2025

Crash Time 06:48 PM

		Distracted By	Distracted By Source					
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNN	INDIVIDUAL							
	<u>N</u>							
		Action Other						To/From School
	ı	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO			,
	Alcohol Test Given Alcohol TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Type				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
10	004	Drug Type				•		
		Individual Condition						
		APPEARED NORM	MAL					