#### 6TL0DJJ8Z3 25-00949

## 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 25-00949			Investigating Officer/Deputy DEPUTY J. TROTH				
_0DJJ8Z3	Crash Date <b>01/31/2025</b>	Crash Time 09:56 PM	-		Date Arrived		Tim	Time Arrived				
	Date Notified <b>01/31/2025</b>	Time Notified 09:59 PM			Total Units <b>01</b>		Tota <b>00</b>		Total Killed	i		
	On Emergency H	it and Run	and Run Lane Closu		ure Work Zoi			Trailer or To		Reporting Threshold		
6TL	Government Active School Zone			School Bus Related NO			Tag	Tags				
	<b>✓</b> 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	
Ī	ON USH12 WB					Latitude Longitude						
	166 FT N					43.48229268				828357		
	OF STH33 WB					X Coordin	ato	Y Coordinate		linato	_	
	IN THE TOWN OF BARABO	0				275600.53125				4818115.5		
	IN SAUK COUNTY								401011	10.0		
						Structure 7	Туре					
	Crash Scene											
,	First Harmful Event					I ⊏:+ I I	nful Event L				_	
								Location				
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA						
	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)											
	Asimal Tura											
	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		Veh	nicle Operat	ting As C	Classification Unit Type				_		
				D CLASS					AUTOMOBILE			
ŀ	Vehicle Type					Operating As Endorsements					_	
0	PASSENGER CAR							l sharming i				
ŀ					no locuso	ued Total		ilers	I Total Haz	:Mat Types	_	
	1			Total # Citations Issued  0		0		0		iviat Types		
ļ										00		
	Insurance? Direction Of Travel			Pre CrashTire		Speed Lin		nit Total Lanes		<del>6</del> 5		
⊑ ا	YES WESTBOUND			☐ Mark								
LIND	Most Harmful Event: Collision With			Special Function			TION		Emergency Motor Vehicle Use			
ا ر	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA	TION		NOT APPLICABLE					
ľ	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing			
ŀ	Surface Type			Road Curvature			Road G		Grade			
				-								

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	Truc	k Bus or HazMat							
	,	Vehicle							
10		License Plate Number ATA2680	Plate Type <b>AUT</b>	St WI	Country of Issuance UNITED STATES				
	VEHICLE 01	Vehicle Identification Number JTDKARFU1G3526053	Make TOYT	Year <b>2016</b>	Model PRIUS				
		Color MAR - MAROON (BURGUNDY)	Body Style Bus Use HB - HATCHBACK						
UNIT		Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage DISABLING DAMAGE	Vehicle Damage  01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT  5 4 3 2 1						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MOOSE TOWING						
		What Driver Was Doing  Driver Prior Action Other	Vehicle Factors						
		Driver Actions NO CONTRIBUTING ACTION							
UNIT	VEHICLE	NO CONTRIBUTING ACTION							
_	_	Owner Name	Owner Address						
0	5								
E		licy Holder							
LND		Insurance Company ALLSTATE-INS-CO	CECILE BOUTIER						
	INDIVIDUAL	Individual							
		DRIVER CECILE BOUTIER	Citations Issued  0	Sex FEMALE					
_		(414) 902-3782	Date of Birth	Race WHITE					
LINO		Address 116 DEER PATH BARABOO, WI 53913 , US	Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
	001	Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
5		Injury Severity NO APPARENT INJURY	Airbag						
		Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #				
		Hospital	Date of Death		Time of Death				

Crash Date 01/31/2025
Crash Time 09:56 PM

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Crash Date 01/31/2025

Crash Time 09:56 PM

		Distracted By	istracted By Source					
		Distracted By Action						
	,	Non Motorist S	triking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	Z							
		Action Other						To/From School
	Drug & Alcohol NO			se	Suspected Drug Use NO			
		Alcohol Test Given Alcohol Test Type TEST NOT GIVEN			Alcohol Test Result			
		Drug Test Given Drug Test Typ TEST NOT GIVEN		Drug Test Type		Drug Test Results		
2	001	Drug Type						
		Individual Condition						
		APPEARED NORMA	<b>NL</b>					