

6TL0F2KRDD  
25-01527

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>25-01527</b>		Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>02/18/2025</b>		Crash Time <b>06:17 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>02/18/2025</b>		Time Notified <b>06:19 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							

Location

<b>ON STH23 WB 0.46 MI W OF STH33 WB IN THE TOWN OF EXCELSIOR IN SAUK COUNTY</b>	Latitude <b>43.533527593</b>	Longitude <b>-89.900653824</b>
	X Coordinate <b>265623.125</b>	Y Coordinate <b>4824153</b>
	Structure Type	

Crash Scene

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

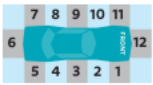
Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

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		Truck Bus or HazMat		
01 UNIT VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>AYV9410</b>	Plate Type <b>AUT</b>	St <b>WI</b>	
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>KL4MMGSL0NB009177</b>	Make <b>BUIC</b>	
	Year <b>2022</b>	Model <b>ENCORE</b>	Color <b>BLU - BLUE</b>	
	Body Style <b>4D - 4DR</b>	Bus Use	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	
	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>		
	What Driver Was Doing	Vehicle Factors		
	Driver Prior Action Other			
Driver Actions <b>NO CONTRIBUTING ACTION</b>				
Owner Name	Owner Address			
<b>Policy Holder</b>				
Insurance Company <b>GEICO-GENERAL-INS-CO</b>		INDIVIDUAL <b>JULIANA MEICHUS</b>		
<b>Individual</b>				
DRIVER <b>JULIANA MEICHUS</b> <b>(608) 415-1578</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
Address <b>130 S JAMES AVE</b> <b>REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>	
Driver License Number				
<b>Safety Equipment</b>				
On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Row	Seat Position			
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
Injury Severity <b>Injury NO APPARENT INJURY</b>		Airbag		
Ejected	Ejection Path	Trapped/Extricated		
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	

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UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source			
		Distracted By Action					
		<b>Non Motorist</b>	Striking Unit #	Location			
			Prior Action				
		Action					
		Action Other				To/From School	
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
01	001	Individual Condition		<b>APPEARED NORMAL</b>			