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20-04529

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 20-04529	Investigating Officer/Deputy DEPUTY B. MEARS	
Crash Date 05/16/2020		Crash Time 09:00 AM	Date Arrived 05/16/2020	Time Arrived 09:44 AM	
Date Notified 05/16/2020		Time Notified 09:24 AM	Total Units 01	Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By DEPUTY MEARS
	Additional Information PHOTOS

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT WAS ON OAK HILL RD. OPERATOR STATED SHE STOPPED AT THE STOP SIGN AND STARTED TO TURN LEFT ONTO OAK HILL RD, WHEN SOME DEER CAME ACROSS THE ROADWAY AT HER AND SHE SWERVED TO THE RIGHT TO AVOID THEM. UNIT THEN WENT OFF OF THE RIGHT SIDE OF THE ROADWAY ON OAK HILL LN AND STRUCK A TREE. SHE HAD A 12 YEAR OLD PASSENGER. NEITHER WERE INJURED. OPERATOR CONTACTED A WRECKER, WHO CONTACTED LAW ENFORCEMENT. OPERATOR WAS ARRESTED FOR OWI-1 WITH A PASSENGER UNDER 16 AND FAILURE TO NOTIFY POLICE OF AN ACCIDENT. UNIT HAD HEAVY FRONT PASSENGER SIDE DAMAGE AND WAS REMOVED BY PLATTS TOWING.

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Location

ON OAKHILL LN N 71 FT N OF OAK HILL RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.620201358	Longitude -89.882729968
	X Coordinate 267405.625	Y Coordinate 4833729.5
	Structure Type	

Crash Scene

First Harmful Event TREE	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) ANIMAL (S) IN ROADWAY		
Weather Condition(s) CLEAR		
Animal Type DEER	Relation To Trafficway TRAFFICWAY - NOT ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 02	Train/Bus # Recorded	Total # Citations Issued 02	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 02	
	Most Harmful Event: Collision With TREE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
UNIT 01 VEHICLE	Vehicle					
	License Plate Number AGG5230		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FMCU9GD0HUD82318		Make FORD	Year 2017	Model ESCAPE	
	Color ONG - ORANGE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage			
Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT				

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions IMPROPER TURN, FAILURE TO CONTROL, RAN OFF ROADWAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, OVER-CORRECTING/OVER-STEERING			
01	Owner Name JACQUELINE MARIE HENNEHA (000) 000-0000		Owner Address E8889 WINNESHIEK DR WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01	01	Event NON DOMESTICATED ANIMAL (ALIVE)		
	02	Event RUN OFF ROADWAY RIGHT		
	03	Event TREE		
	04	Event		
UNIT	Policy Holder			
	Insurance Company GERMANTOWN-MUTUAL-INS-CO		Individual JACQUELINE HENNEHA	
UNIT INDIVIDUAL	Individual			
	Driver RAYENNE SUMMER HENNEHA (608) 432-3507		Citations Issued 02	Sex FEMALE
	Address S1090 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race INDIAN
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED		
Hospital		EMS Agency Identifier		
Date of Death		EMS Run #		
Time of Death				
Distracted By		Distracted By Source EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use YES	Suspected Drug Use NO		
		Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
		Individual					
		Passenger ELLIOTT R FOOTE (608) 432-3507			Citations Issued 0	Sex MALE	
		Address S1090 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US			Date of Birth	Race INDIAN	
Driver License Number			Safety Equipment				
Safety Equipment		On Duty Crash	SHOULDER & LAP BELT				
Row 01 - FRONT ROW	Seat Position 09 - RIGHT		Helmet Compliance				
Helmet Use		Eye Protection					
Tint Compliance		Injury					
Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED					
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
Hospital		Date of Death		Time of Death			
Distracted By		Distracted By Source					
Distracted By Action							
Non Motorist		Striking Unit #	Location				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL			
	Prior Action			
	Action			
	Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition APPEARED NORMAL			
	Violations			
01	UTC Number AD981040	Issue To? 001	Statute Number 346.63(1)(a)	Description OWI (1ST W/PASSENGER < 16 YRS OLD)
	UTC Number AD981041	Issue To? 001	Statute Number 346.70(1)	Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT
02				