6TL0BFKDCX 20-05629

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [Primary Crash Document #		Agency Crash Number 20-05629			Investigating Officer/Deputy DEPUTY H. VOLZ				
č	Crash Date 06/13/2020	Crash Time 07:50 AM			Date Arrived		Tim	Time Arrived				
0BFKDC	Date Notified 06/13/2020	Time Notified 07:53 AM			Total Units 01		Tota 00		Injured Total Killed 00			
OBE	On Emergency	lit and Run	Lane Close	ure	☐ Wo	rk Zone		Trailer or T	owed	Reporting Thresho	ng Id	
6TL	Government Property	Active Sc	hool Zone	School B	Bus Relate	ed	Tag	S				
	✓ Reportable	Crash Type NON-DOMES	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RYAmended			Seconda Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
Ī	Location											
·	ON STH23 EB					Latitude Longitude						
	824 FT N					43.49537	78486	-90.013655		655745		
	OF HACKBARTH RD					X Coordin	ate		Y Coordinate			
	IN THE TOWN OF REEDSB	URG				256338.375				4820241		
	IN SAUK COUNTY					Structure Type				<u>.I.</u>		
							STRUCTURE					
	Crash Scene											
Ī	First Harmful Event First Harmful Event Location											
	NON DOMESTICATED ANI				ON ROADWAY							
ŀ	Manner of Collision					Light Condition						
	00 - NO COLLISION W/VEH	IICLE IN TRANSI	PORT			3						
ŀ	Road Surface Condition(s)					Roadway	Factor(s)					
						-						
	Environment Factor(s)											
ŀ	Weather Condition(s)											
	vveatrier Condition(s)											
ŀ	Animal Type					Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD							
l	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION							
	Tribal Land					Access Control				Special Study		
Ţ	Unit Summary											
	Unit Status Vehicle Operat				ting As C	lassification	<u>l</u>	Unit Type				
	IN TRANSIT			D CLASS				AUTOMOBILE				
_	Vehicle Type				Operating As Endorsements							
0	PASSENGER CAR											
İ	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Trai		illers Total Haz		Mat Types		
	1		0	0		0		0				
İ	Insurance?	Direction Of Travel			Pre CrashTire		Speed Lim		Total Lane	es		
<u>⊨</u> ∣	YES SOUTHBOUND				ark							
LNO	Most Harmful Event: Collision With			cial Function		TION		Emergency Motor Vehicle Use				
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTIO			IION		NOT APPLICABLE			
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade				
	Guillago Typo			Noau Curvature				ad Grado				

Crash Date **06/13/2020**Crash Time **07:50 AM**

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	Truc	ck Bus or HazMat						
	,	Vehicle						
10	20	License Plate Number AHN4001	Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES			
		Vehicle Identification Number 5NPE24AF1HH580058	Make HYUNDAI	Year 2017	Model SONATA			
		Color RED - RED	Body Style SD - SEDAN		Bus Use			
TINO	VEHICLE	Initial Contact Point 12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage 01 - 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						
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	,					
		Owner Name	Owner Address					
9	9							
<u></u>	ı	Policy Holder						
LIND		Insurance Company GEICO-GENERAL-INS-CO	Individual CHELSEY KASCHUB					
	INDIVIDUAL	Individual	Citations leaved					
		Driver CHELSEY ANN KASCHUB	Citations Issued 0		Sex FEMALE			
 -		(608) 408-9959	Date of Birth		Race WHITE			
LIND		Address 527 ALEXANDER AVE APT 11 REEDSBURG, WI 53959, 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					
2		Injury Severity NO APPARENT INJURY	Airbag					
		Ejected Ejection Path			Trapped/Extricated			
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #			
		Hospital	Date of Death		Time of Death			

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		Distracted By Sou	irce				
		Distracted By Action					
		Non Motorist Striking Unit #	Location				
		Prior Action					
İ		Action					
	JAL						
LIND	INDIVIDUAL						
	N N						
							_
		Action Other					To/From School
	1	Drug & Alcohol NO Suspected Alcohol Use NO Suspect					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	9	Alcohol Test Re		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
2	001	Drug Type			<u> </u>		
		Individual Condition					
		APPEARED NORMAL					