6TL0BGSFGB 21-08735

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/13/2021

Crash Time 06:50 AM

	Document Number Override Primary Crash Document#		ent#	Agency Crash Number 21-08735		mber		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI			
GB	Crash Date Crash Time 09/13/2021 06:50 AM			Date Arrived		Time	Time Arrived				
GSF	Date Notified Time Notified 09/13/2021 06:53 AM			Total Units			Tota	l Injured	Total Killed		
$\mathbf{\omega}$			ane Closu			rk Zone		Trailer or To		Reporting Threshold	
2	Government Active School Zone		7 000	School Bus Related		Tags	Tags		30000000		
6TL	Property	20116	NO								
	Crash Type NON-DOMESTICATED ANIMAL W/ NO IN.					RY D		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ——										
- {	ON CTHW EB					Latitude Longitude					
	1066 FT E					43.45290	2886	-89.80416		168588	
	OF ROCK HILL RD	_				X Coordinate		Y Coor		dinate	
	IN THE TOWN OF BARABOO	ס				273117.7			4814931		
	IN SAUK COUNTY					Structure Type					
							, ,,,,,				
l 2	Crash Scene					l					
,											
	First Harmful Event					l	ful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROA	DWAY				
	Manner of Collision					Light Cond	dition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT									
	Road Surface Condition(s)					Roadway	Factor(s)				
ŀ	Environment Factor(s)										
	Liviloisiieisti dotoi(a)										
	Weather Condition(s)					1					
	AnimalTuna					7.7.7					
	Animal Type DEER				Relation To Trafficway TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction					
								SDICTION			
ŀ	Tribal Land					Access Control				Special Study	
										, ,	
i	Unit Summary										
	Unit Status		Veh	icle Oper	ating As C	lassification		UnitType			
	l l			Vehicle Operating As Classification D CLASS			AUTOMOE		RILE		
ŀ	Vehicle Type								Operating As Endorsements		
9	PASSENGER CAR					'					
	Total Occs Train/Bus#Recorded			Total#Citations Issued		Total Trail		 lers		Mat Types	
	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0			0		0			
	Insurance?	Direction Of Travel		Pre CrashTire		SpeedLi		mit Total Lanes		es	
⊨	YES	EASTBOUND		Mark							
LIND	Most Harmful Event: Collision With			Special Function		1		Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)							NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature			F		Road Grade		
						ļ					

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	Truc	ck Bus er HazMat							
		V-10-							
		Vehicle License Plate Number		Plate Type St		Country of issuance			
UNIT 01		AGC2346		AUT - AUTOMOBILE	wı	UNITED STATES			
		Vehicle Identification Number		Make	Year	Model			
	5	KMHFG4JG7EA361652		HYUNDAI	2014	AZERA			
	VEHICLE	Color SIL - SILVER (ALUMINUM)		Body Style SD - SEDAN		Bus Use	Bus Use		
		Initial Contact Point		Vehicle Damage					
		12 - FRONT		7 8 9 10 11 — 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT 8 9					
		Extent Of Damage FUNCTIONAL DAMAGE		CORNER, 12 - FRONT					
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		Vehicle Factors					
		What Driver Was Doing							
	Driver Prior Action Other								
		Driver Actions							
١.	Ш	NO CONTRIBUTING ACTION							
	<u></u>								
>	VEHICLE								
		Owner Name Owner Address							
2	5								
HNO		Policy Holder Insurance Company Individual							
5		PROGRESSIVE-CASUALTY-INS-CO		Individual KENNEDY AMOASH	IAH				
		Individual							
		Driver KENNEDY AGYEMAN AMOASAH (608) 393-6988		Citations Issued 0					
	₹			Date of Birth					
l <u>⊢</u>	DIMIDITA			Date of Billing	BLACK/AFRICAN AMERICAN				
ş	Z	Address		Drivert icense Number					
_	Z	E10499 COUNTY ROAD W BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash fety Equipment		Safety Equipment					
		Row	Seat Position	SHOULDER & LAP E	SHOULDER & LAP BELT				
10									
		Heimet Use		Helmet Compliance					
		Eye Protection		TintCompliance					
	50	Injury Severity		Airbag					
	9	INJURY NO APPARENT INJURY Ejected Ejection Path		Trapped/Extricated					
		2,000007.201				c confidence on consumers			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED Hospital		Date of Death		Time of Death			
		Hospital		Date of Death		Firme of Death			

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						, ,
	Distracted By Distracted	By Source				
	Distracted By Action					
	Non Motorist Striking Un	it# Location				
	Prior Action Prior Action	'				
	Action					
A						
UNIT						
7						
	Action Other					To/From School
	Drug & Alcohol NO	Alcohol Use	Suspected Drug Use			
		T			T	
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	•		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
2 B	Drug Type	'		•		
	Individual Condition					
	APPEARED NORMAL					