6TL0C884L0 24-06188

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 24-06188			Investigating Officer/Deputy DEPUTY D. HORN			
0C884L0	Crash Date 06/14/2024	Crash Time 04:20 AM	-		Date Arrived		Tim	Time Arrived			
	Date Notified 06/14/2024	Time Notified 04:20 AM			Total Units 01		Total		Total Killed	i	
) - -	On Emergency	it and Run	and Run Lane Close		re Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Property	hool Zone	School Bus Related NO			Tag	Tags				
	✓ 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.										
ì	Location										
Ī	ON USH12 WB					Latitude			Longitud		
	567 FT S					43.54544	16461			89.787002214	
	OF SHADY LANE RD										
	IN THE TOWN OF DELTON					X Coordin			Y Coordinate		
	IN SAUK COUNTY					274851.0			482516	02.5	
						Structure					
						NO STR	UCTURE				
	Crash Scene										
ז	First Harmful Event					Firet Harm	nful Event L	ocation			
	NON DOMESTICATED ANIM	IAL (DEAD)						ocation			
ŀ	Manner of Collision	IAL (DEAD)				ON ROADWAY					
		ICLE IN TRANS	ODT			Light Condition					
	00 - NO COLLISION W/VEH	CLE IN TRANSP	ORI								
	Road Surface Condition(s)					Roadway	Factor(s)				
ŀ	Environment Factor(s)										
	Livioninent ractor(3)										
ı	Weather Condition(s)										
	.,										
1	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ı	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
ı	Tribal Land				Access Control Special Study						
L	Linit Cummon.										
	Unit Summary Unit Status		I Voh	iolo Oporat	ing As C	laccification		T 11-2 T			
				Vehicle Operating As Classification		l	Unit Type				
	IN TRANSIT D CLASS				.455			AUTOMOBILE Operating As Endorsements			
7	Vehicle Type							Operating i	As Endorser	ments	
0	PASSENGER CAR										
	Total Occs Train/Bus # Recorded		ded Tota	Total # Citations Issued 0		0		0		Mat Types	
	1										
ľ	Insurance?	Direction Of Trave		Pre CrashTi		e Speed Li		mit Total Lane		es	
⊢│	YES WESTBOUND			Mark							
LINO	Most Harmful Event: Collision With			cial Functio				Emergency Motor Vehicle Use			
ر	NON DOMESTICATED ANIMAL (DEAD)			NO SPECIAL FUNCT			TION		NOT APPLICABLE		
ŀ	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
ŀ	Surface Type			Road Curvature					Road Grade		
				2							

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Crash Date 06/14/2024

Crash Time 04:20 AM

	Truc	k Bus or HazMat							
	,	Vehicle							
UNIT 01		License Plate Number AUG6083	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
	5	Vehicle Identification Number WAUBFAFL6EN028312	Make AUDI	Year 2014	Model A4				
	VEHICLE	Color TPE - TAUPE Initial Contact Point	Body Style SD - SEDAN Vehicle Damage						
		12 - FRONT Extent Of Damage DISABLING DAMAGE	12 - FRONT						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
10	10	Owner Name	Owner Address						
⊨		Policy Holder							
LIND		Insurance Company PROGRESSIVE-CLASSIC-INS-CO	ANGIE CELY FALL	A					
	INDIVIDUAL	Individual Driver	Citations Issued	Sex					
		ANGIE CELY FALLA	0	FEMALE					
LIND		Address	Date of Birth	WHITE					
5		Address 153 FIELDSTONE DRIVE WISCONSIN DELLS, WI 53965, US	Driver License Number STATE: WISCONSII	STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment					
		Row Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
5	001	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				

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	Distracted By Source							
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	Ξ							
		Action Other						To/From School
	Drug & Alcohol NO			se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	l		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test R			
2	001	Drug Type						
		Individual Condition						
APPEARED NORMAL								