6TL0D7W172

24-06611

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Document #			Agency Crash Number 24-06611				Investigating Officer/Deputy DEPUTY K. MUELLER				
172	Crash Date 06/23/2024	Crash Time 03:18 PM			Date Arrived		Time	Time Arrived				
0D7W17	Date Notified 06/23/2024	Time Notified 03:18 PM			Total Units 01		Tota 00	l Injured	ed Total Killed 00			
	On Emergency	Hit and Run	Lane Close	Lane Closure Work Zone			Trailer or Towed		Reporting Threshold			
6TL	Government Property Active School Zone			School Bus Related NO			Tage	Tags				
	Reportable Crash Type NON-DOMESTICATED			ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
Ī	Location											
i	ON STH78 SB					Latitude						
	905 FT S						0074	Longitude				
	OF INSPIRATION DR					43.345202271			-89.701	1580725		
						X Coordinate		Y Coordinate		linate		
	IN THE TOWN OF MERRI	MAC				281030.53125 480269			95			
	IN SAUK COUNTY											
						Structure Type						
	Crash Scene											
1	First Harmful Event						() =					
						First Harmful Event Location						
	NON DOMESTICATED AN	IMAL (ALIVE)				ON ROADWAY						
	Manner of Collision					Light Condition						
	00 - NO COLLISION W/VE	HICLE IN TRANS	PORT									
	Road Surface Condition(s)					Roadway	Factor(s)					
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type					Relation To Trafficway						
	DEER					TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION						
	Tribal Land					Access Control Special Study						
	Unit Summary	localification		Lu s .								
	1 0					- 51						
	IN TRANSIT D CLASS							AUTOMOBILE				
2	Vehicle Type							Operating	As Endorse	ments		
0	(SPORT) UTILITY VEHICLE											
	Total Occs Train/Bus # Recorded			Total # Citations Issued		d Total Tra		ers	Total Haz	Mat Types		
	1		0	0		0			0			
	Insurance?	Direction Of Trave	el	Pre CrashTi		Speed Lir		mit Total Lane		es		
н	YES	SOUTHBOUND		Mark			• ·					
UNIT	Most Harmful Event: Collision With			Special Function			Emer		ergency Motor Vehicle Use			
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION								
	Traffic Way								Traffic Control Inoperative/Missing			
	Tanic way			Traffic Control			'		rrame Control moperative/Missing			
	Curfees Ture							Prod Orada				
	Surface Type		Roa	d Curvatu	re			Road Grade				

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	Truc	k Bus or HazMat								
		Vehicle								
		License Plate Number 429VXA		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance				
01	VEHICLE 01	Vehicle Identification Number KNDERCAA8R7551690		Make KIA MOTORS CORPOR	Year 2024	Model SELTOS				
		Color BLU - BLUE		Body Style UT - SPORT UTILITY VI	EHICLE	Bus Use				
UNIT		Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE		Vehicle Damage789101101 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 13 - TOP6789101154321						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other		-						
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
01	01	Owner Name		Owner Address						
0	0									
F		Policy Holder								
UNIT		Insurance Company PROGRESSIVE-CASUALTY	Individual DAVINA KEENER							
		ndividual								
	INDIVIDUAL	Driver DAVINA KEENER			Sex FEMALE					
		(608) 212-5104		-	Race					
UNIT		Address		Driver License Number						
		1818 REETZ RD MADISON, WI 53711 ,US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	On Duty Crash Safety Equipment			Safety Equipment						
	•••	Row	Seat Position	SHOULDER & LAP B	ELT					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
01	001	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 Source	9						
		Distracted By	,,							
		Distracted By Action								
	l	Non Motorist	Striking Unit #	Location						
		Prior Action		1						
1		Action								
	_									
.	INDIVIDUAL									
	1DI									
>	DIV									
	Z									
		Action Other						To/From School		
		Suspected Alcohol Use			Suspected Drug Use					
	L	Drug & Alcohol No			NO					
				Alcohol Test Type	1		Alcohol Test Results			
		TEST NOT GIVEN		Drug Test Type		Drug Test Results				
		Drug Test Given TEST NOT GIVEN		Didg rest type		Drug Test Results				
2	001	Drug Type								
	5									
		Individual Condition								
			//AL							