6TL0DKRB26 24-09158

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 23-09158			Investigating Officer/Deputy DEPUTY R. BARNES			
								KNES		
326	Crash Date 08/18/2024	Crash Time 08:12 PM	Date Ar	Date Arrived		Time	Time Arrived			
2	Date Notified	Time Notified	Total U	nits		Tota	Injured	Total Killed	1	
ᅐ	08/18/2024	08:12 PM	01	ı		00		00		
.ODKRB	On Emergency H	it and Run Lane	Closure	ure Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Property	School NO	School Bus Related NO			Tags				
	✓ Reportable	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.									
	Location									
ł	ON USH12 WB				Latitude Longitude			le		
	0.32 MI N				43.28633912		-89.7590		012794	
	OF SAUK PRAIRIE RD				X Coordinate		Y Coordinate		inate	
	IN THE TOWN OF PRAIRIE I	DU SAC			276159.1	1875	479631			
	IN SAUK COUNTY				Structure Type					
						. 71-				
	Crash Scene									
1	First Harmful Event				First Harm	ıful Event I.a	ncation			
	NON DOMESTICATED ANIM	ΙΔΙ (ΔΙΙΥΕ)			First Harmful Event Location ON ROADWAY					
	Manner of Collision	IAL (ALIVL)								
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT			Light Condition					
	Road Surface Condition(s)	CLL IN TRANSPORT			Roadway	Factor(s)				
	road ourrace condition(s)				Roadway	Roadway Factor(s)				
	Environment Factor(s)									
	Weather Condition(s)									
	Animal Type				Relation To Trafficway					
	DEER Crash Classification - Location PUBLIC PROPERTY				TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
					NO SPECIAL JURISDICTION					
	Tribal Land				Access Control				O	
	Tribai Lariu								Special Study	
ļ	Unit Cummon									
	Unit Summary Unit Status		L\/abiala Onar	otina As C	lassification		III a T			
		Vehicle Operating As Classification			Unit Type					
				D CLASS				AUTOMOBILE Operating As Endorsements		
01	Vehicle Type						Operating A	As Endorser	nents	
٥	(SPORT) UTILITY VEHICLE				Total Trailers Total HazMat Types					
		Train/Bus # Recorded	Total # Citations						Mat Types	
	1	0		0		_	0 ed Limit Total Lar			
				_ Fie Clasiffie					es	
╘	YES EASTBOUND		Mark		55			4		
UNIT	Most Harmful Event: Collision Wit	Special Function		TION		Emergency Motor Vehicle Use				
	NON DOMESTICATED ANIMAL (ALIVE)			AL FUNC	NCTION		NOT APPLICABLE			
	Traffic Way	Traffic Control			Traffic Control Ino		trol Inoperat	tive/Missing		
	DIVIDED HWY W/O TRAFFIC	NO CONTROL			NO					
	Surface Type		Road Curvatu	ıre			Road Grade			
	BLACKTOP (BITUMINOUS)	STRAIGHT				UPHILL				

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Crash Time 08:12 PM

	Truc	k Bus or HazMat					. ,			
	,	Vehicle								
		License Plate Number		Plate Type	Plate Type St Country of Issu					
		NTR645		AUT - AUTOMOBILE	IA	UNITED STATES				
2	_	Vehicle Identification Number		Make	Year	Model				
0	2	4A4AP3AU9EE023735		MITSUBISHI	2014	OUT				
	VEHICLE	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE Bus Use						
		Initial Contact Point		Vehicle Damage						
╘		12 - FRONT		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT 7 8 9 10 11 6 7 8 9 10 11 5 4 3 2 1						
LIND		Extent Of Damage								
_		FUNCTIONAL DAMAGE								
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT		10						
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	111	Driver Actions NO CONTRIBUTING ACTION								
l⊨	긋									
L	₹									
_	VEHICLE									
		Owner Name		Owner Address						
2	6									
 _		Policy Holder								
LNO		Insurance Company		Individual						
_		STATE-FARM-GENERAL	-INS-CO	ABRAHAM ELIEZEI	R SHMEDRA LA	ANDAU				
	DIVIDUAL	Individual								
		Driver ABRAHAM SHMEDRA LANDAU		Citations Issued	Sex					
		ADIVALIAM OTHER DIVALA	ANDAO	0 Date of Birth	MALE Race					
 				Bate of Birti	WHITE					
L N S	Σ	Address		Driver License Number						
_		468 LYBRAND ST APT 1 POSTVILLE, IA 52162,US		STATE: IOWA COUNTRY: UNITED STATES						
	_	, , , , , , , , , , , , , , , , , , , ,								
		On Duty	Safety Equipment							
	Sa	fety Equipment								
		Row	Seat Position	SHOULDER & LAP	BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
		Injury Soverhy		Airhag						
2	90	Injury Severity NO APPARENT INJURY		NON DEPLOYED						
		Ejected Ejection Path		Trapped/Extricated						
		NOT EJECTED NOT EJECTED/NOT AP				NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death		Time of Death				
		'								

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Distracted By Source NOT APPLICABLE (NOT DISTRACTED)									
Distracted By Action NOT DISTRACTED									
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
LNN	INDIVIDUAL								
	IN								
		Action Other						To/From School	
•			Over a start Alach all I		I Constructed Description			1 577 1 5111 5 5115 51	
	L	Drug & Alcohol 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 Result				
7	001	Drug Type							
		Individual Condition							
		APPEARED NORM	IAL						