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24-10990

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override, Primary Crash Document #, Agency Crash Number 24-10990, Investigating Officer/Deputy DEPUTY A. JAHNKE, Crash Date 10/01/2024, Crash Time 11:55 PM, Date Arrived, Time Arrived, Date Notified 10/02/2024, Time Notified 12:00 AM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, 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.

Location

ON RAILROAD ST
980 FT S
OF E BROADWAY/ STH136 WB
IN THE VILLAGE OF ROCK SPRINGS
IN SAUK COUNTY
Latitude 43.475430114, Longitude -89.913672594, X Coordinate 264345.0625, Y Coordinate 4817737, Structure Type NO STRUCTURE

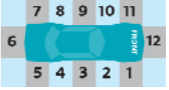
Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE), First Harmful Event Location ON ROADWAY, Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type DEER, Relation To Trafficway TRAFFICWAY - ON ROAD, Crash Classification - Location PUBLIC PROPERTY, Crash Classification - Jurisdiction NO SPECIAL JURISDICTION, Tribal Land, Access Control, Special Study

Unit Summary

Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type PASSENGER CAR, Operating As Endorsements, Total Occs 1, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel SOUTHBOUND, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE), Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Truck Bus or HazMat				
01	UNIT	VEHICLE	<b>Vehicle</b>			
			License Plate Number <b>ARY8066</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>1HGFA16806L090608</b>	Make <b>HONDA</b>	Year <b>2006</b>	Model <b>CIVIC</b>
			Color <b>RED - RED</b>	Body Style <b>SD - SEDAN</b>	Bus Use	
			Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 03 - RIGHT SIDE MIDDLE</b>		
			Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
			Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>		
			What Driver Was Doing	Vehicle Factors		
			Driver Prior Action Other			
			01	UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>
Owner Name	Owner Address					
<b>Policy Holder</b>						
01	UNIT	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>		Individual <b>KIMBERLY FISHER</b>		
		<b>Individual</b>				
01	UNIT	INDIVIDUAL	Driver <b>KIMBERLY FISHER (608) 235-5406</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race <b>WHITE</b>	
			Address <b>231 RAILROAD ST # 114 ROCK SPRINGS, WI 53961 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
			<b>Safety Equipment</b>			
01	UNIT	001	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
			Row	Seat Position		
			Helmet Use		Helmet Compliance	
			Eye Protection		Tint Compliance	
			<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag	
			Ejected	Ejection Path	Trapped/Extricated	
			Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
	Drug Type				
<b>01</b>	<b>001</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			