6TL0BFKDK9

24-11607

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash I	Primary Crash Document #		Agency Crash Number 24-11607			Investigating Officer/Deputy DEPUTY B. FISH				
_	0.15.											
K 9	Crash Date 10/18/2024	08:10 PM	Crash Time 08:10 PM		Date Arrived		Time	Time Arrived				
Θ	Date Notified	Time Notified		Total Ur	nits			l Injured	Total Killed	d		
F	10/18/2024	08:10 PM	1	01			00		00	Bonovina		
.0B	On Emergency	Hit and Run	Lane Closi		Ш	rk Zone		Trailer or T	owed	Reporting Threshold		
6TL0BFKDK9	Government Active School Zor			School Bus Related T:			Tags	ags				
	✓ Reportable	Crash Type NON-DOMES	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RY	Amended			Secondary Crash	у	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
ĺ	Location											
	ON USH14 WB					Latitude			Longitud	de		
	0.33 MI E						43.190963266 -9			90.166418302		
	OF PORTER RD IN THE TOWN OF SPRING	CDEEN				X Coordinate			Y Coord	Y Coordinate		
	IN SAUK COUNTY	GREEN				242702.71875 4786				90		
					Structure Type NO STRUCTURE							
1	Creek Coone											
,	Crash Scene											
	First Harmful Event					First Harmful Event Location						
	NON DOMESTICATED AN Manner of Collision	IMAL (ALIVE)				ON ROADWAY						
	00 - NO COLLISION W/VE	LUCLE IN TRANC	DODT			Light Condition						
ļ		HICLE IN TRANS	PURI			Desidence	C+(-)					
	Road Surface Condition(s)					Roadway	Factor(s)					
1	Environment Factor(s)											
	11/ 11 0 111 ()											
	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 Co	ontrol			Special Study		
į	Unit Summary											
	Unit Status Vehicle Operating As C					Classification Unit Type						
	IN TRANSIT D CLAS				CLASS			AUTOMOBILE				
_	Vehicle Type							Operating A	As Endorsei	ments		
0	PASSENGER CAR											
1	Total Occs	Train/Bus # Recorded Total # Citations Iss			ns Issued			, , , , , , , , , , , , , , , , , , , ,		:Mat Types		
	1		0	0		0		0				
	Insurance?	Direction Of Trave		Pre CrashTire			Speed Lin	nit	Total Lan	es		
╘	YES WESTBOUND			Mark								
UNIT	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNC			TION		Emergency Motor Vehicle Use NOT APPLICABLE			
_	NON DOMESTICATED ANIMAL (ALIVE)						IIUN					
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type			Road Curvature				Road Grade				
,	<u> </u>											

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 3

Crash Date 10/18/2024
Crash Time 08:10 PM

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

	Truck Bus or HazMat										
_	Vehicle										
UNIT 01	01	License Plate Number AVD1410 Vehicle Identification Number 19XFC1F72GE011157		Plate Type AUT - AUTOMOBILE Make HONDA	St WI Year 2016	Country of Issuance UNITED STATES Model CIVIC EX					
	VEHICLE	Color BLU - BLUE		Body Style 4D - 4DR	Bus Use						
		Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE		Vehicle Damage 7 8 9 10 11 6 7 8 9 10 11 5 4 3 2 1							
		Towed Due To Damage TOWED DUE TO DISABLI What Driver Was Doing	NG DAMAGE	Vehicle Removed By WEGNERS TOWING Vehicle Factors							
		Driver Prior Action Other		_							
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION									
10	70	Owner Name		Owner Address							
FIND	١	Policy Holder Insurance Company WISCONSIN-AUTOMOBIL	E INC DI AN	Individual MARIANNE HILLEMAN							
		ndividual									
	INDIVIDUAL	Driver MARIANNE HILLEN (608) 217-3857	MAN	Citations Issued 0 Date of Birth	Sex FEMALE Race WHITE						
LIND		Address 3152 WEYBRIDGE DR SUN PRAIRIE, WI 53590 , US		Driver License Number							
	Sai	On Duty fety Equipment	Safety Equipment								
	100	Row	Seat Position	RESTRAINT USE UNKNOWN							
		Helmet Use Eye Protection		Helmet Compliance Tint Compliance							
		Injury Severity		Airbag							
2		Injury NO APPARENT INJURY									
		Ejected	Ejection Path			Trapped/Extricated					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #					
		Hospital		Date of Death		Time of Death					

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $2 \quad \text{of} \quad 3$

ny CJIS data. Crash Date 10/18/2024
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			Distracted By Source						
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action		•					
İ		Action							
	4								
ı	Ž								
LIND	INDIVIDUAL								
	S								
		Action Other						To/From School	
		Suspected Alcohol Use			Suspected Drug Use				
		Drug & Alcohol	NO		NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given		Drug Test Type		Drug Test Results			
		TEŠT NOT GIVEN							
5	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							

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This report does not include any CJIS data. 3 of 3

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