### 6TL0F1BQ8B

24-11820

# 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 24-11820			Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI			
Q8B	Crash Date 10/23/2024	Crash Time 05:45 PM	-		Date Arrived		Time	Time Arrived			
1 <b>B</b> Q	Date Notified 10/23/2024	Time Notified <b>05:45 PM</b>			Total Units <b>01</b>		Tota 00		Total Killed	i	
OF	On Emergency	it and Run	Lane Close		ш	rk Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Property	Active Sc	hool Zone	School B NO	us Relat	ed	Tag	s			
	<b>∨</b> Reportable	Crash Type NON-DOMES	sh Type N-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.										
i	Location										
Ī	ON CTHBD NB					Latitude			Longitud	de .	_
	0.48 MI N					43.53939	94695		-89.777		
	OF N REEDSBURG RD										
	IN THE TOWN OF DELTON IN SAUK COUNTY	N THE TOWN OF DELTON				X Coordinate 275566.125			Y Coordinate <b>4824466</b>		
						Structure Type NO STRUCTURE					
(	Crash Scene										
ì	First Harmful Event					First Horm	nful Event L	ocation			
		IAI (AI I\/E\						ocation			
	NON DOMESTICATED ANIN	IAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSI	PORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	<b>.</b>										
	Environment Factor(s)										
ŀ	Weather Condition(s)										
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
- 1	Tribal Land				Access Control Special Study						
	THOSE EXITS					7100033 CONITOR SPECIAL CITATY					
L											
	Unit Summary										
	Unit Status			•	ting As C	lassification		Unit Type			
	IN TRANSIT			D CLASS				AUTOMO	AUTOMOBILE		
_	Vehicle Type							Operating /	As Endorser	ments	
0	PASSENGER CAR										
l	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Tr		Trailers Total H		Mat Types	_
	1		0			0		0			
ŀ	Insurance?	nce? Direction Of Travel			Pre CrashTire		0 11:		Total Land	es	_
<b>⊢</b> l	YES NORTHBOUND			Ma							
UNIT	Most Harmful Event: Collision With			Special Function			J 		Emergency Motor Vehicle Use		_
<b>-</b>	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTIO			TION		NOT APPLICABLE		
ŀ	Traffic Way			ffic Control				Traffic Control Inoperative/Missing			
				Traine Control							
}	Surface Type			Road Curvature				Road Grade			_
	75			Noau Guivaluic							

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	Truc	k Bus or HazMat							
	,	Vehicle							
		License Plate Number 820KTA	Plate Type AUT - AUTOMOBILE			Country of Issuance UNITED STATES			
10	VEHICLE 01	Vehicle Identification Number KMHL14JA0PA344131	Make HYUNDAI	Year <b>2023</b>	Model SONATA				
		Color RED - RED	Body Style SD - SEDAN		Bus Use	Bus Use			
UNIT		Initial Contact Point  12 - FRONT  Extent Of Damage  DISABLING DAMAGE	Vehicle Damage  01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT  5 4 3 2 1						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing  Driver Prior Action Other	Vehicle Factors						
TINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	•						
01	01	Owner Name	Owner Address						
E		Policy Holder							
LIND		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual MICHAEL KNITT						
	INDIVIDUAL	Individual Driver	Citations Issued	10					
		MICHAEL KNITT	0	Sex MALE					
⊢		(608) 963-9059	Date of Birth	Race WHITE					
LIND		Address 454 ELM ST MAUSTON, WI 53948 , US	Driver License Number STATE: WISCONSIN	Driver License Number  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	Helmet Compliance					
	100	Eye Protection	Tint Compliance						
2		Injury Severity NO APPARENT INJURY	Airbag						
		Ejected Ejection Path			Trapped/Extricated	I			
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#				
		Hospital	Date of Death		Time of Death				

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Crash Date 10/23/2024

Crash Time 05:45 PM

Distracted By Source								
		Distracted By Action						
		Non Motorist	king Unit#	Location				
		Prior Action						
		Action						
_	UAL							
LIND	INDIVIDUAL							
	Z							
		Action Other						To/From School
					10 110			Ton Toni Gonooi
	Drug & Alcohol NO			se	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 Results	1	
10	001	Drug Type	1			•		
		Individual Condition  APPEARED NORMAL						