

6TL0D6N05X  
SC24-11904

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		Investigating Officer/Deputy <b>DEPUTY B. BRUNKEN</b>	
Crash Date <b>10/25/2024</b>		Crash Time <b>99:99</b>		Date Arrived		Time Arrived	
Date Notified <b>10/25/2024</b>		Time Notified <b>09:23 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							

Location

<b>ON USH12 EB 523 FT N OF GROTH RD IN THE TOWN OF SUMPTEP IN SAUK COUNTY</b>	Latitude <b>43.381708231</b>	Longitude <b>-89.768437914</b>
	X Coordinate <b>275745.96875</b>	Y Coordinate <b>4806927</b>
	Structure Type	

Crash Scene

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

Unit Summary

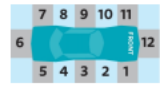
UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

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		Truck Bus or HazMat		
01	UNIT	<b>Vehicle</b>		
		License Plate Number <b>ATD9657</b>	Plate Type <b>AUT - AUTOMOBILE</b>	
		Vehicle Identification Number <b>1D4GP45R46B754818</b>	Make <b>DODGE</b>	
		Color <b>SIL - SILVER (ALUMINUM)</b>	Year <b>2006</b>	
		Initial Contact Point <b>12 - FRONT</b>	Country of Issuance <b>UNITED STATES</b>	
		Extent Of Damage <b>DISABLING DAMAGE</b>	Model <b>CARAVAN SX</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Body Style <b>VN - VAN</b>	
		What Driver Was Doing	Bus Use	
		Driver Prior Action Other	Vehicle Damage <b>12 - FRONT</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Removed By	
Owner Name	Owner Address			
01	UNIT	<b>Policy Holder</b>		
		Insurance Company <b>ALLSTATE-VEHICLE-AND-PROPERTY-INS-CO</b>	Individual <b>MARCELLA KRENZ</b>	
		<b>Individual</b>		
01	UNIT	Driver <b>WALTER ..... KRUGER</b> <b>(608) 444-6120</b>	Citations Issued <b>0</b>	
		Sex <b>MALE</b>	Date of Birth	
		Race <b>WHITE</b>	Driver License Number	
		Address <b>201 FROST WOODS RD # 305</b> <b>MONONA, WI 53716 , US</b>		
		<b>Safety Equipment</b>		On Duty Crash
		Row	Seat Position	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		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		



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UNIT	INDIVIDUAL	<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					
Individual Condition		<b>APPEARED NORMAL</b>					