

6TL0DKRB2F  
24-12149

# 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 <b>24-12149</b>		Investigating Officer/Deputy <b>DEPUTY R. BARNES</b>	
Crash Date <b>10/31/2024</b>		Crash Time <b>07:03 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>10/31/2024</b>		Time Notified <b>07:03 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	

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

### Location

ON CTHK WB 831 FT E OF OLD CTH K RD IN THE TOWN OF IRONTON IN SAUK COUNTY	Latitude <b>43.482250225</b>	Longitude <b>-90.129867769</b>
	X Coordinate <b>246886.984375</b>	Y Coordinate <b>4819130</b>
	Structure Type	

### Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</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

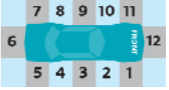
<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements		
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function	Emergency Motor Vehicle Use	
	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>ACM1501</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>KNAFE121785505214</b>	Make <b>KIA MOTORS CORPORAT</b>	Year <b>2008</b>	Model <b>SPECTRA</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>SD - SEDAN</b>	Bus Use	
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT C</b>		
		Extent Of Damage <b>DISABLING 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	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Owner Name	Owner Address				
<b>Policy Holder</b>					
01	UNIT	Insurance Company <b>LIGHT INSURANCE</b>	Individual <b>JASON HENKE</b>		
		<b>Individual</b>			
		Driver <b>LILLY HENKE</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
01	UNIT	Date of Birth	Race <b>WHITE</b>		
		Address <b>1475 21ST ST REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>			
01	UNIT	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>			