## 6TL0D0GSMV

24-12291

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

_											
	Document Number Override	Primary Crash Document #		Agency Crash Nu 24-12291				stigating Officer/Deputy			
SMV	Crash Date 11/04/2024	Crash Time 07:28 PM		Date Arrived			Time	Arrived			
S	Date Notified	Time Notified		Total Un	its		Tota	Injured	Total Killed	i	
9	11/04/2024	07:29 PM		01			00	,	00		
	On Emergency Hit and Run La		ane Closu	Closure		rk Zone		railer or Towed		Reporting Threshold	
6TL	Government Active School Zone			School Bus Related T			Tags	ags			
9	Reportable	ED ANIMA	ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
i	Location										
Ī	ON STH33 WB					Latitude			Longitud	le .	
	903 FT S					43.48424	14565	-89.640724			
	OF MAN MOUND RD PRIVAT	r <b>F</b>									
	IN THE TOWN OF GREENFI					X Coordin				Y Coordinate	
	IN SAUK COUNTY					286452.8125 4817979.5				9.5	
	III CACIT GOOTT I					Structure	Tvpe				
							,,				
L											
	Crash Scene										
ī	First Harmful Event					First Harm	nful Event Lo	cation			
	NON DOMESTICATED ANIM	ΔΙ (ΔΙΙΥΕ)				ON ROADWAY					
ŀ	Manner of Collision	AL (ALIVE)									
						Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT									
	Road Surface Condition(s)					Roadway	Factor(s)				
İ	Environment Factor(s)										
ı	Weather Condition(s)										
	,										
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ŀ											
	Crash Classification - Location					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	PUBLIC PROPERTY					NO SPE	CIAL JURI	SDICTION			
	Tribal Land					Access Control				Special Study	
ı	Unit Summary										
	Unit Status		Vohic	olo Opora	ting As C	accification		Linit Tuna			
				Vehicle Operating As Classification			Unit Type		<b>_</b>		
				D CLASS				AUTOMOBILE			
_	Vehicle Type				Operating As Endorsements						
2	PASSENGER CAR										
Ì	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Tra		ailers Total Haz		Mat Types	
	1		0			0		0			
ļ		Direction Of Travel				0 11:				20	
				Pre CrashTire			Speed Lim		i Otal Lanes		
⊨ ا	YES WESTBOUND				lark						
LIND				Special Function					Emergency Motor Vehicle Use		
ر	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE		
ŀ	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	Trains vruy			Hamic Control					Traine Control moperative/ivilsoning		
ļ	Confess Tons						I Day 10				
	Surface Type			Road Curvature					Road Grade		

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	Truc	k Bus or HazMat							
	,	Vehicle							
01	VEHICLE 01	License Plate Number AGG5231	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
		Vehicle Identification Number 1FADP3F20GL383797	Make FORD	Year <b>2016</b>	Model FOCUS				
		Color RED - RED	Body Style SD - SEDAN	l	Bus Use				
		Initial Contact Point	Vehicle Damage						
LIND		12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						
		Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Removed By						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
UNIT	Driver Actions NO CONTRIBUTING ACTION								
		Owner Name	Owner Address						
6	6								
⊢		LPolicy Holder	_						
LIND		Insurance Company AMERICAN-FAMILY-INS-CO	Individual MARGARET WALDINGER						
		ndividual							
	INDIVIDUAL	Driver MARGARET WALDINGER	Citations Issued						
		(608) 566-6074	<b>0</b> Date of Birth	Race WHITE					
LNO		Address	Driver License Number						
<b>)</b>		S10197 SKUNK VALLEY RD SAUK CITY, WI 53583 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash  fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
	001	Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
2		Injury Severity NO APPARENT INJURY	Airbag						
		Ejected Ejection Path	•		Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #				
		Hospital	Date of Death		Time of Death				

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Crash Date 11/04/2024

Crash Time 07:28 PM

		Distracted By	Distracted By Source					
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	THE							
LNO	INDIVIDUAL							
	N							
		Action Other						To/From School
	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			
2	001	Drug Type						
		Individual Condition						
		APPEARED NORM	ИΔΙ					
		AI I LAILLE NOIL	TIAL .					