

6TL0F51TKT
24-13032

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 24-13032 | Investigating Officer/Deputy SERGEANT E. KNULL | |
| Crash Date 11/23/2024 | | Crash Time 04:54 PM | Date Arrived | Time Arrived | |
| Date Notified 11/23/2024 | | Time Notified 04:55 PM | Total Units 01 | Total Injured 00 | Total Killed 00 |
| <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 NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY | | <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 CTHV NB 682 FT S OF LUEDTKE RD IN THE TOWN OF WINFIELD IN SAUK COUNTY | Latitude 43.560302456 | Longitude -90.03395707 |
| | X Coordinate 254960.109375 | Y Coordinate 4827511.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

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

Unit Summary

| | | | | | | |
|-------------|--|--|---|--|--------------------------------|--|
| UNIT | 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | | |
| | | Vehicle Type (SPORT) UTILITY VEHICLE | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit | Total Lanes | |
| | Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE) | | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | Traffic Way | | Traffic Control | Traffic Control Inoperative/Missing | | |
| | Surface Type | | Road Curvature | Road Grade | | |

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| | | | | | | | |
|---|---------------|-----------------------|--|---|--------------------------------|---|--|
| | | Truck Bus or HazMat | | | | | |
| 01 | UNIT | VEHICLE | Vehicle | | | | |
| | | | License Plate Number AXF3224 | Plate Type AUT | St WI | Country of Issuance UNITED STATES | |
| | | | Vehicle Identification Number KL4MMDSL5PB047523 | Make BUIC | Year 2023 | Model ENCORE GX | |
| | | | Color WHI - WHITE | Body Style UT - SPORT UTILITY VEHICLE | Bus Use | | |
| | | | Initial Contact Point 12 - FRONT | Vehicle Damage 01 - RIGHT FRONT CORNER, 12 - FRONT | | | |
| | | | Extent Of Damage FUNCTIONAL DAMAGE | | | | |
| | | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | | |
| | | | What Driver Was Doing | Vehicle Factors | | | |
| | | | Driver Prior Action Other | | | | |
| | | | Driver Actions 123 | | | | |
| Owner Name | Owner Address | | | | | | |
| 01 | UNIT | INDIVIDUAL | Policy Holder | | | | |
| | | | Insurance Company ROCKFORD-MUTUAL-INS-CO | INDIVIDUAL KATHERINE VOGEL | | | |
| | | | Individual | | | | |
| 01 | UNIT | INDIVIDUAL | DRIVER KATHERINE VOGEL (608) 415-1081 | Citations Issued 0 | Sex FEMALE | | |
| | | | | Date of Birth | Race WHITE | | |
| 01 | UNIT | INDIVIDUAL | Address 201 1ST ST LA VALLE, WI 53941 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| | | | Safety Equipment | | On Duty Crash | Safety Equipment | |
| 01 | UNIT | 001 | Row | Seat Position | SHOULDER & LAP BELT | | |
| | | | Helmet Use | Helmet Compliance | | | |
| | | | Eye Protection | Tint Compliance | | | |
| | | | Injury | 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 | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | |
|--|----------------------|---|--|---------------------------------|-------------------|
| UNIT | Distracted By | Distracted By Source | | | |
| | | Distracted By Action | | | |
| | Non Motorist | Striking Unit # | Location | | |
| | | Prior Action | | | |
| | INDIVIDUAL | Action | | | |
| | | Action Other | | To/From School | |
| | | Drug & Alcohol | Suspected Alcohol Use NO | Suspected Drug Use NO | |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results | |
| | 01 | 001 | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results |
| | | | Drug Type | | |
| Individual Condition APPEARED NORMAL | | | | | |