6TL0F2KRD5

24-13982

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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	Document Number Override		Primary Crash Document #		Agency Crash Number 24-13982		Investigating Officer/Deputy DEPUTY I. GALVAN		
5	Crash Date		Crash Time		Date Arrived		Time Arrived		
	12/23/2024		11:08 AM		12/23/2024		11:31 AM		
2	Date Notified		Time Notified		Total Units		Total Injured	ed Total Killed	
2K	12/23/2024		11:10 AM		01		00	00	
.0F2	On Emergency Hit		and Run Lane Closu		re Work Zone		Trailer or Towed Reporting Threshold		
6TL	Government Property		Active School Zone		School Bus Related NO		Tags		
	✓ Reportable		Crash Type DT4000 (STANDARD CRASH))		Amended		Secondary Crash

Description



Reconstruction By

Photos By I GALVAN

Additional Information **PHOTOS**

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

UNIT 1 WAS TRAVELING NORTHBOUND ON SLIPPERY SNOW COVERED MILL ST APPROACHING THE CURVE TO THE RIGHT. UNIT 1 SLID THROUGH CURVE TO THE RIGHT AND STRUCK THE BUILDING CAUSING DAMAGE. UNIT 1 THEN BACKED UP AND LEFT THE AREA. NO INJURIES REPORTED.

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Location

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Crash Date 12/23/2024

Crash Time 11:08 AM

	ON AT I	299 STATE LN MILL ST			43.54797 X Coordina			-90.141	078091	
		OUSE/BUILDING 299)			246256.1			482646	33.5	
		THE VILLAGE OF IRON' SAUK COUNTY	ION		Structure 1		3			
(sh Scene								
		t Harmful Event			First Harm		ocation			
	_	ner of Collision				ON ROADWAY Light Condition DAYLIGHT Roadway Factor(s)				
	00 -	NO COLLISION W/VEH	HICLE IN TRANSPORT							
	Roa	d Surface Condition(s)			Roadway I					
	SNO	OW, ICE								
	Envi	ironment Factor(s)								
	WE	ATHER CONDITIONS			ROAD SI	URFACE	CONDITION	(WET, IC	Y, SNOW, SLUSH,	
	Wea	ather Condition(s)								
	CLC	OUDY, SNOW								
	Anin	nal Type			Relation To	o Trafficwa	ıy			
			TRAFFICWAY - ON ROAD							
		rash Classification - Location				Crash Classification - Jurisdiction				
		BLIC PROPERTY al Land				NO SPECIAL JURISDICTION Access Control Special Study				
					NO CONTROL				oposiai otaay	
	With	nin Interchange Area	Intersec	section Type						
	NO		INTERSECTION	T-INTE	RSECTION					
		t Summary		L Vahiala Operating As	Classification		III a =			
	1	Unit Status HIT AND RUN D CLASS				s Classification Unit Type TRUCK				
	Vehicle Type							- F-J		
1		icle Type					Operating A	s Endorser	ments	
01	UTI	icle Type LITY TRUCK/PICKUP T		TT 1 1 1 0 2 1 5 1		L Total Trai				
01	UTI Tota	icle Type	RUCK Train/Bus # Recorded	Total # Citations Issu	ed	Total Trai		Total Haz	ments :Mat Types	
01	Tota 1	icle Type LITY TRUCK/PICKUP T		0		Total Trai 0 Speed Lir	lers		Mat Types	
	Tota 1 Insu UNI	icle Type LITY TRUCK/PICKUP T Il Occs rance? KNOWN	Train/Bus # Recorded Direction Of Travel NORTHBOUND	0 Pre CrashTi		0	lers	Total Haz 0 Total Land	Mat Types es	
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		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED	OPERATOR						
		What Driver Was Doing		Vehicle Factors					
		NEGOTIATING CURVE							
		Driver Prior Action Other		UNKNOWN					
		Driver Actions							
_	VEHICLE	UNKNOWN							
L	IIC								
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	>								
		Owner Name		Owner Address					
_	_								
5	01			, ,					
	,	Sequence Of Events							
	01	Event OTHER FIXED OBJECT							
	02	Event							
	03	Event							
		Event							
	04	Event							
	ı	Individual							
		DRIVER		Citations Issued	Sex	Sex			
	\ <u></u>			0					
╘	INDIVIDUAL			Date of Birth	Race				
EN	Σ	Address		Driver License Number					
	Z	, ,							
		On Duty	Crash	Safety Equipment					
	Sat	fety Equipment							
		Row	Seat Position	RESTRAINT USE U	NKNOWN				
		01 - FRONT ROW	07 - LEFT	Helmet Compliance					
		Helmet Use							
		Eye Protection		Tint Compliance					
5	001	Injury Se	verity						
0	ŏ	INJURY NO APP	PARENT INJURY Ejection Path	NOT APPLICABLE					
			PLICABLE		Trapped/Extricated NOT APPLICABLE				
		Medical Transport		EMS Agency Identifier		EMS Run #			
	NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death			
		Distracted By Distracte	d By Source						
		Distracted By Action							
		Striking U	Jnit # Location						
		Non Motorist							

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		Prior Action									
		Action									
	4										
LIND	INDIVIDUAL										
ַ	202										
	=										
		Action Other						To/From School			
			Suspected Alcohol U	Jse	Suspected Drug Use						
		Drug & Alcol	hol								
		Alcohol Test Given TEST NOT GIVEN Alcohol Test Ty			e		Alcohol Test Results				
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug Test Type		Drug Test Results	5				
6	001	Drug Type									
		Individual Condition									
		NOT OBSERV	ED								
	Property Owner										
, o		SANIZATION/COM WBOY BAR 3) 985-8809	IPANY		Address 299 STATE ST LAVALLE, WI 53941	. US					
PROP	(608) 985-8809 LAVALLE, WI 53941 , US										
	Fixe	ed Objects S									
	2	Striking Unit 01	Struck Object OTHER FIXED OBJI	ECT			Structure Number	Damage Tag Number			