6TL09XQZ12 19-15427

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 19-15427			Investigating Officer/Deputy DEPUTY I. GALVAN			
12	Crash Date 12/17/2019	Crash Time 05:06 PM			Date Arrived		Time	Time Arrived			
6TL09XQZ1	Date Notified 12/17/2019	Time Notified 05:07 PM			Total Units 01		Total		Injured Total Killed 00		
(60-	On Emergency	lit and Run	Lane Closu	ure	☐ Wo	rk Zone		Trailer or T	owed	Reporting Threshold	
6TI	Government Property	Active Sc	hool Zone	School B NO	us Relate	ed	Tag	S			
	✓ Reportable	Crash Type NON-DOMES	TICATED ANIM	AL W/ NO	O INJUF	RY		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
F	ON CTHV WB					Latitude			Longitud	de	
	250 FT N					43.551009346			-90.018708688		
	OF BARBARA ANN DR					X Coordina	ate		Y Coord	inate	
	IN THE TOWN OF REEDSB	URG				256154.203125				4826434.5	
	IN SAUK COUNTY					Structure ⁻			10-010		
					NO STRUCTURE						
	Crash Scene										
Ī	First Harmful Event					First Harm	ıful Event L	ocation			
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROADWAY					
-	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEH	ICLE IN TRANSI	PORT			Light Condition					
ŀ	Road Surface Condition(s)					Roadway	Factor(s)				
						Troadway Factor(3)					
	Environment Factor(s)										
	W 4 0 111 ()										
	Weather Condition(s)										
-	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
-	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land			Access Contro						Special Study	
						7100033 00	Jilli Oi			Opecial Glady	
L											
	Unit Summary		LV			· · · · · ·		1			
				Vehicle Operating As Classification				Unit Type			
	IN TRANSIT D CLA				CLASS			AUTOMOBILE Operating As Endorsements			
01	Vehicle Type						Operating .	As Endorser	ments		
ی	(SPORT) UTILITY VEHICLE						Total Trailers Total HazMat Types			.	
	Total Occs Train/Bus # Recorded		1	Total # Citations Issued						Mat Types	
	1	0				0		0			
	Insurance?		ection Of Travel		Pre CrashTire		Speed Limit		Total Lanes		
LINO	YES NORTHBOUND			Mark Special Function					Emergency Motor Vehicle Use		
5	Most Harmful Event: Collision With			Special Function			Emerger		cy iviotor venicle Use		
	NON DOMESTICATED ANIMAL (ALIVE)			T " 0			T _{ec} #:- C		Control Inoporative/Missins		
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
ŀ	Surface Type			Road Curvature				Road Grade			
	53355 1,550			Noau Ourvature				Toda Grade			

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	Truc	ck Bus or HazMat							
	,	Vehicle							
		License Plate Number Plate Type St Country of Issuance							
		513VCM	AUT - AUTOMOBILE	WI	UNITED STATES				
		Vehicle Identification Number	Make	Year	Model				
2	2	1C4RDJDG7GC375014	DODGE	2016	DURANGO				
		Color	Body Style	2010	Bus Use				
		BLK - BLACK	UT - SPORT UTILITY VE	HICLE	bus ose				
	VEHICLE	Initial Contact Point	Vehicle Damage						
⊢		01 - RIGHT FRONT CORNER	01 - RIGHT FRONT CORNER, 12 - FRONT Vehicle Removed By						
UNIT		Extent Of Damage							
n	亩	DISABLING DAMAGE							
	>	Towed Due To Damage							
		TOWED DUE TO DISABLING DAMAGE	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		3							
		Driver Prior Action Other							
		Driver Actions							
	Щ	NO CONTRIBUTING ACTION							
╘	占								
UNIT	Ī								
_	VEHICLE								
		Owner Name	Owner Address						
_	_								
2	2								
_		Policy Holder							
LIND		Insurance Company	Individual						
>		INTEGON-GENERAL-INS-CORP	KRISTA LAS						
		ndividual							
		Driver	Citations Issued		Sex				
		KRISTA KAY LAS	0		FEMALE				
	₹	(608) 415-2292	Date of Birth		Race				
	2				WHITE				
E S	DIVIDUA	Address	Driver License Number						
>		E4846 E REDSTONE DR							
	=	LAVALLE, WI 53941 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
İ		On Duty Crash	Safety Equipment	Safety Equipment					
	Sai	fety Equipment							
		Row Seat Position	SHOULDER & LAP BI	ELT					
İ		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance	Tint Compliance					
2	90	Injury Severity Injury NO APPARENT INJURY	Airbag						
	0	1 10 / 11 / 11 11 11 11 11 11 11	T						
		Ejection Path		Trapped/Extricated					
		Modical Transport	EMO A ===================================		FMC Due #				
		Medical Transport	EMS Agency Identifier		EMS Run #				
•		NOT TRANSPORTED	Date of Death		Time of Death				
		Hospital	Date of Death		Time of Death				
		İ			İ				

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Distracted By Source								
		Distracted By Action						
	,	Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	IND							
		Action Other						To/From School
		Action Other						10/110m School
	L	Drug & Alcohol NO			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		
01	001	Drug Type				1		
		Individual Condition						
		APPEARED NOR	MAL					