#### 6TL0B4X4N2 20-01593

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	-		Agency Crash Number 20-01593			Investigating Officer/Deputy DEPUTY E. KNULL				
<b>N</b> 2	Crash Date <b>02/12/2020</b>	Crash Time 05:39 AM			Date Arrived		Time	Time Arrived				
6TL0B4X4N2	Date Notified <b>02/12/2020</b>	Time Notified 05:39 AM			Total Units <b>01</b>		Tota 00		Injured Total Killed <b>00</b>			
) OB	On Emergency	ency Hit and Run Lane Closure Work Zone			Trailer or T	owed	wed Reporting Threshold					
6TI	Government Active School Zo			School Bus Related NO			Tag	Tags				
	<b>✓</b> Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RY Amended					ondary rash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
I	Location <b>——</b>											
·	ON STH33 WB					Latitude Longitude						
	0.35 MI E					<b>43.526991128</b> X Coordinate		-89.86		0359135		
	OF COON BLUFF RD								Y Coord	Y Coordinate		
	IN THE TOWN OF EXCELSI	OR				268854.15625				4823314.5		
	IN SAUK COUNTY					Structure 7	Type					
						NO STR						
(	Crash Scene											
Ī	First Harmful Event					First Harm	ıful Event L	ocation				
	NON DOMESTICATED ANII				ON ROADWAY							
ŀ	Manner of Collision					Light Condition						
	00 - NO COLLISION W/VEH	ICLE IN TRANSI	PORT									
ŀ	Road Surface Condition(s)					Roadway	Factor(s)					
						, ,,						
	Environment Factor(s)											
ŀ	Weather Condition(s)											
	weather condition(s)											
ŀ	Animal Type					Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD							
ŀ	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION							
İ	Tribal Land			Access C			ontrol			Special Stud	у	
Ī	Unit Summary											
	Unit Status		Veh	icle Operat	ting As C	lassification		Unit Type				
				D CLASS				AUTOMO	BILE			
ŀ	Vehicle Type					Operating As Endorsements						
6	(SPORT) UTILITY VEHICLE											
	,				Total # Citations Issued		Total Trai		ailers Total Haz			
	1			0		0		0		7.		
-	Insurance?	Direction Of Travel			Pre CrashTire							
_	YES WESTBOUND				asırıne ark							
UNIT	Most Harmful Event: Collision With			cial Function		l		Emergency Motor Vehicle Use				
$\supset$	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA		TION		NOT APPLICABLE				
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature			Ro		Road Grade			

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	Truck Bus or HazMat								
	,	Vehicle							
		License Plate Number	Plate Type	St	Country of Issuance				
		140RVC	<b>AUT - AUTOMOBILE</b>	WI	UNITED STATES				
2	_	Vehicle Identification Number	Make	Year	Model				
0	2	KNAFG528897260637	KIA MOTORS CORPORA	2009	RONDO/LX/E				
		Color	Body Style		Bus Use				
	VEHICLE	SIL - SILVER (ALUMINUM) Initial Contact Point	SW - STATIONWAGON	Vehicle Damage					
⊢		10 - LEFT SIDE FRONT	Vollido Balliago	Vollado Ballago					
LIND		Extent Of Damage	10 - LEFT SIDE FRONT	10 - LEFT SIDE FRONT  Vehicle Removed By					
		DISABLING DAMAGE							
		Towed Due To Damage	Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE	BILLS TOWING	BILLS TOWING					
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions							
	ш	NO CONTRIBUTING ACTION							
⊨	VEHICLE								
LNS	Ξ								
	3								
		Owner Name	Owner Address	Owner Address					
2	6								
<b> </b>		Policy Holder							
LIND		Insurance Company	Individual						
_		AMERICAN-FAMILY-INS-CO	HAESUN ROBERTS						
		Individual							
		Driver HAESUN ROBERTS	Citations Issued  0		Sex FEMALE				
	A F	(608) 354-9565		Date of Birth Race					
_	Ž		Date of Billi		ASIAN				
L	DIVIDUAL	Address	Driver License Number	Driver License Number					
>		503 3RD ST	STATE: WISCONSIN CO	STATE: WISCONSIN COUNTRY: UNITED STATES					
	Z	BARABOO, WI 53913 , US	STATE. WISCONSIN CO						
	Sa	On Duty Crash fety Equipment	Sarety Equipment	Safety Equipment					
		Row Seat Position	SHOULDER & LAP BELT	г					
		Geat i contoin							
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance	Tint Compliance					
_	_	Injury Severity	Airbag	Airbag					
2	00	Injury NO APPARENT INJURY							
		Ejected Ejection Path	1	Trapped/Extricated					
		M. F. 17	T						
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #				
		Hospital	Date of Death		Time of Death				

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		Distracted By	Distracted By Source	)					
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	JAL								
UNIT	INDIVIDUAL								
	N								
								T	
		Action Other						To/From School	
	Drug & Alcohol Suspected Alcohol Use			lse	Suspected Drug Use NO				
		Alcohol Test Given Alcohol T TEST NOT GIVEN				Alcohol Test Results	sults		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results				
10	00	Drug Type							
		Individual Condition							
		APPEARED NORM	MAL						