6TL0BFKDDD 20-12829

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/04/2020

Crash Time 05:05 PM

	Document Number Override Primary Crash Document#			Agency Crash Number 20-12829		- I	Investigating Officer/Deputy DEPUTY H. VOLZ			
0	Crash Date Crash Time 11/04/2020 05:05 PM		Date Arrived			Time	Time Arrived			
FKD	Date Notified Time Notified 11/04/2020 05:08 PM		Total Units 01			Total 00		Injured Total Killed 00		
90	On Emergency Hit and Run Lan		Closure Wor		k Zone		Trailer or T	owed	Reporting Threshold	
eTL.	Government Property	Active School Zone	School NO	School Bus Related NO		Tags	Tags			
	▼ Reportable	ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	I, a sworn law enforcem	ent officer, agree that I ha	re not added any CJIS data in this report.							
Ì	Location									
Ī	ON WATER ST/ STH78 NB				Latitude Longitude					
	677 FT S				43.309241655				099568	
	OF DAM RD									
	IN THE TOWN OF PRAIRIE	DU SAC			X Coordin		Y Coordi			
	IN SAUK COUNTY				278182.7	1875		479878	9.5	
	in onen oodin i				Structure 7	Type				
					NO STR					
l.	2I-									
(Crash Scene									
	First Harmful Event				FirstHarm	ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (DEAD)			ON ROA	DWAY				
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
ŀ	Road Surface Condition(s)				Roadway Factor(s)					
	, toda od naco ochamento,									
ľ	Environment Factor(s)				1					
	, ,									
	Weather Condition(s)			1						
	Animal Type									
					Relation To Trafficway					
	DEER			TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURIS		RISDICTION			
l	TribalLand			Access Control				Special Study		
ı	Unit Summary ————————————————————————————————————									
	Unit Status Vehicle Operating As			ating As C	lassification		UnitType			
				D CLASS		AUTOMOE		RII F		
ŀ							Operating As Endorsements			
5	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endotsements				Helip	
_	, , , , , , , , , , , , , , , , , , , ,									
	Total Occs	Train/Bus#Recorded	Total#Citations Issu 0		t Total Trai		ailers Total Hazi		MatTypes	
	Insurance?				<u> </u>				20	
_		NORTHBOUND	Pre C	Opeedin		.		:5		
LIND	Most Harmful Event: Collision With Special Function						Emergency Motor Vehicle Use			
	NON DOMESTICATED ANIM	NO SPECIAL FUNCT		TION		NOT APPLICABLE				
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	, and truj	manic Condo				Traine Conston insoperative/ivilissing				
	Surface Type	Road Curvature					Road Grade			

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	Truc	ck Bus or HazMat									
		Vehicle									
		License Plate Number		Plate Type	St	Country of Issuance					
		K9JLH		AUT - AUTOMOBILE	WI	UNITED STATES					
UNIT 01	5	Vehicle Identification Numi 5TDDKRFH5GS252241		Make TOYOTA	Year 2016	Model HIGHLANDER					
		Color		Body Style	2010	Bus Use					
		BLU - BLUE		4D - 4DR							
	щ	Initial Contact Point		Vehicle Damage	Vehicle Damage						
	₫	12 - FRONT		AA BIGUT EBOUT OO	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT						
	VEHICLE	Extent Of Damage FUNCTIONAL DAMAG	F	UT - RIGHT FROM I CO							
		Towed Due To Damage	· -	Vehicle Removed By	Vehicle Removed By						
		NOT TOWED		OWNER	OWNER						
		What Driver Was Doing		Vehicle Factors							
		Di a Di a A di a Cul									
		Driver Prior Action Other									
		Driver Actions Driver Actions									
l.	4	NO CONTRIBUTING ACTION									
	VEHICLE										
5											
		Owner Name Owner Address									
2	5										
		Dalla Malaka									
H		Policy Holder Insurance Company Individual									
5		AUTO-OWNERS-INS-CO		JANET HENNING							
		Individual		1							
		Driver		Citations Issued		Sex					
	4	JANET LEA HENNING (608) 576-4144		0		FEMALE					
	DIVIDUA	(000,000		Date of Birth		Race WHITE					
Ş	Ħ	Address		Driver License Number	Driver License Number						
>		W11799 WALL STREET RD PORTAGE, Wt 53901 , US On Duty Crash			STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z			STATE. WISCONSIN							
				Cofet Engineert							
	Sai	fety Equipment		Safety Equipment	Safety Equipment						
		Row	Seat Position	SHOULDER & LAP E	BELT						
		HelmetUse		Helmet Compliance	HelmetCompliance						
		Eye Protection Injury Severity		Tint Compliance	TintCompliance Airbag						
				rancompliance							
_				Airbag							
01	5	210/355/24122000211415214152/25411200240145414	APPARENT INJUR	Y							
		Ejected	Ejection Path			Trapped/Extricated					
		Medical Transport		EMS Agency Identifier		EMS Run#					
		NOT TRANSPORTED				E. G. Hall					
		Hospital				Time of Death					
		Hospital		Date of Death		Time of Death					

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		Distracted By Source								
		Distracted By Action								
		Non Motorist	triking Unit#	Location						
		Prior Action Prior Action								
TIND	INDIVIDUAL	Action Action Other						To/From School		
	L	Drug & Alcohol NO			Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	ol Test Results		
		Drug Test Given TEST NOT GIVEN Drug Test Type		Drug Test Type	Drug Test Result		5			
2	001	Drug Type								
		Individual Condition APPEARED NORMA	L							
))										