# 6TL092T5QK 21-00766

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/27/2021

Crash Time 01:54 AM

	Document Number Override	Primary Crash Document# Agency C 21-0076		· I		- I	estigating Officer/Deputy PUTY J. KIRKENG				
50K	Crash Date Crash Time 01/27/2021 01:54 AM		Date Arrived		Time	Time Arrived					
2T5	Date Notified Time Notified 01/27/2021 01:54 AM		Total Units 01		Total		Injured	Injured Total Killed 00			
60	On Emergency H	it and Run Lane (	ne Closure Wo		rk Zone		Trailer or T	owed	Reporting Threshold		
6TL	Government Property	Active School Zone Crash Type	School <b>NO</b>	Bus Relat	ed	Tags					
	Reportable	ANIMAL W/ NO INJURY		Y	Amended			Secondary  Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ————————————————————————————————————										
	ON STH33 WB				Latitude Longitude						
	810 FT W				43.565795486		-90.086				
	OF CHITWOOD RD							-90.00010103			
	IN THE TOWN OF LA VALLE	•			X Coordin	ate		Y Coord	inate		
		•			250764.5	9375	482827		7		
	IN SAUK COUNTY				Cturetra	T					
			Structure Type NO STRUCT								
(	Crash Scene										
1	First Harmful Event				Eiret Uerre	ful Event Lo	aatian				
					1		cation				
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY					
	Manner of Collision				Light Cond	dition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT									
ŀ	Road Surface Condition(s)				Roadway Factor(s)						
	road corrace corramon(s)				Stoadway	, actor(s)					
					_						
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location			Crash Classification - Jurisdiction							
	PUBLIC PROPERTY			NO SPECIAL JURIS							
-	TribalLand								I 0		
	ilipaicand			Access Control				Special Study			
L											
Į	Unit Summary 💳										
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType				
				D CLASS			AUTOMOBILE		E		
				DCLASS							
_	Vehicle Type				Operating As Endorsements			ments			
01	PASSENGER CAR										
	TotalOccs	Total # Citations Issued  0		TotalTra		Trailers Total Hazi		MatTypes			
	Total Occs Train/Bus#Recorded							· ·			
-											
	Insurance?	Direction Of Travel Pre CrashT			,   Speed Lim		it TotalLanes		# <b>5</b>		
LINO	YES	WESTBOUND		Mark							
<b> </b>	Most Harmful Event: Collision Wit	Special Function		Tion:		Emergency Motor Vehicle Use		icle Use			
_	NON DOMESTICATED ANIM	NO SPECIAL FUNC		HON		NOT APPLICABLE					
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing					
	-					,					
}	Surface Type	Road Curvature		Road Grade		e					
	- minute (Apr	Noad Chivalule				, toda orado					

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	Truc	ck Bus or HazMat							
		Mahisia							
		Vehicle License Plate Number		Plate Type	l St	Country of issuance			
10		ADX6906		AUT - AUTOMOBILE	wı	UNITED STATES			
		Vehicle Identification Number		Make	Year	Model			
	5	19XFC2F57HE048596		HONDA	2017	CIVIC			
		Color BLK - BLACK		Body Style SD - SEDAN		Bus Use			
	VEHICLE	Initial Contact Point		Vehicle Damage					
TINO		12 - FRONT		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT					
	Ŧ	Extent Of Damage FUNCTIONAL DAMAGE							
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
		Driver Actions							
	VEHICLE	NO CONTRIBUTING ACTION							
	¥								
-	3								
		OwnerName		Owner Address					
2	5								
°	•								
ᆫ		Policy Holder							
\ N		Insurance Company		Individu <b>a</b> l	***************************************				
_		GEICO-GENERAL-INS-CO		BRIDGETT DELAP					
		Individual Delice		Citations Issued					
		Driver BRIDGETT MARIE DELAP (608) 548-6098		0		Sex FEMALE			
	4			Date of Birth		Race			
5	DIVIDUA				WHITE				
Ş	á	Address 200 CARROLL ST NEW LISBON, Wt 53950 , US On Duty Crash		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Z								
	Sai	fety Equipment		Safety Equipment					
		Row	Seat Position	SHOULDER & LAP BE	LT				
01		HelmetUse		Helmet Compliance					
		Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path		TintCompliance					
	<b>3</b> 0			Airbag					
	•					Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED  Hospital		Date of Death		Time of Death			
		Hospital		Date of Death		Time of Death			

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	Distracted By Source								
		Distracted By	•						
		Distracted By Action							
		Non Motorist Striking Unit	# Location						
		Prior Action							
		Action							
	1								
_	INDIVIDUAL								
UNIT	VII								
ا ر	ā								
	4								
		Action Other					To/From School		
		Suspected A	John Hise	Suspected Drug Use					
	I	Drug & Alcohol NO	NO						
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN	D 7 17		1				
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results				
01	001	Drug Type	<b>'</b>		•				
)	0								
		Individual Condition							
		APPEARED NORMAL							