### 6TL09XQZ3N 22-00296

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/10/2022

Crash Time 05:50 PM

	Document Number Override	Primary Crash Document# Agency Crash Nur 22-00296				stigating Officer/Deputy PUTY I. GALVAN				
NS.	Crash Date Crash Time 01/10/2022 05:50 PM		Date Arrived			Time	Time Arrived			
6TL09XQZ3N	Date Notified 01/10/2022	Time Notified 05:52 PM	Total Ur 01			Total	Total Injured Total Killed 00			
60	On Emergency Hit and Run		Closure Work Zone				☐ Trailer or Towed		Reporting  Threshold	
6T	Government Property	Active School Zone	NO NO	Bus Relat	ed	Tags				
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Υ		Amended		Secondary Crash	
	Sd	ve not added	e not added any CJIS data in this report.							
	Location <b>———</b>									
- 1	ON STH33 WB				Latitude Longitude				Φ	
	366 FT S			43.538320427 X Coordinate		0.427	-		1826829	
	OF LA VALLE RD							-90.03 (		
	IN THE TOWN OF REEDSBL	IPC						Y Coord		
	IN SAUK COUNTY	ANG .			255043.0	78125		482506	3.5	
	IN SAUR COUNTY				Ctructure	Tura a				
				Structure Type NO STRUCTURE						
(	Crash Scene									
1	First Harmful Event				T=:	ful Event Lo				
					I		cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	ON ROADWAY				
l	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
ŀ	Road Surface Condition(s)				Roadway Factor(s)					
	Road Surface Condition(s)				Nuadway	racion(s)				
	Environment Factor(s)									
				_						
	Weather Condition(s)									
	AnimalType				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
ŀ	Crash Classification - Location			Crash Classification - Jurisdiction						
				I						
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control		SDICTION				
	Tribal Land							Special Study		
	Unit Summary									
	Unit Status		I Vehicle Oper	ating As C	laccification		I I Init Tuno			
				Vehicle Operating As Classification			UnitType		_	
	IN TRANSIT	D CLASS				AUTOMOBILE				
_ [	Vehicle Type				Operating As Endorsements			ments		
01	PASSENGER CAR									
ŀ	Total Occs	Total # Citations Issued  0		0		0		Mat Types		
	Total Occs Train/Bus#Recorded							, , , , , , , , , , , , , , , , ,		
	Insurance?	Direction Of Travel	116 Clasii iii			Speed Lim		nit TotalLanes		
	YES WESTBOUND									
LIND	Most Harmful Event: Collision Wit	Special Function				Emergency Motor Vehicle Use				
<b>ر</b> ر	NON DOMESTICATED ANIM	NO SPECIAL FUNCT		TION		NOT APPLICABLE				
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	-	rianic Considi								
	Surface Type	Road Curvatu	Bood Cymieh:				Road Grade			
	Surrace type	stoad Odivatele			stoud Grado					

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	Truc	Fruck Bus or HazMat								
10	VEHICLE 01	Vehicle License Plate Number AHL6438 Vehicle Identification Number KNDMB5C11L6609595 Color	F	Plate Type AUT - AUTOMOBILE Make KIA MOTORS CORPOR Body Style	St Wi Year	Country of issuance UNITED STATES Model SEDONA Bus Use	TED STATES el DONA			
TIND		RED - RED Initial Contact Point 12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE		4D - 4DR /ehicle Damage 12 - FRONT		7 8 9 10 H 6 12 5 4 3 2 3				
		Towed Due To Damage  NOT TOWED  What Driver Was Doing  Driver Prior Action Other	C	Vehicle Removed By OPERATOR  Vehicle Factors						
TINN	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
٦	5	Owner Mainle		Owner Address						
N N		Policy Holder Insurance Company PROGRESSIVE-UNIVERSAL-H	NSURANCE-COMP	Individual RESA ELSBERND						
	INDIVIDUAL	Individual Driver RESA DEE ELSBERND (608) 415-7305		Citations Issued  0  Date of Birth	Sex FEMALE Race WHITE	ex EMALE ace				
LNO		Address 208 HAHN ST WONEWOC, WI 53968, US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Safety Equipment On Duty Crash Row Seat Position			Safety Equipment SHOULDER & LAP BELT						
	.001	Helmet Use  Eye Protection		Heimet Compliance Tint Compliance						
5		Injury Severity  Injury NO APPARENT INJURY		Airbag						
		Ejection Path		1		Trapped/Extricated				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital		Date of Death		Time of Death				

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		Distracted By	Source					
		Distracted By						
		Distracted By Action						
			1					
		Non Motorist Striking Unit #	Location					
		Prior Action						
		Action						
	4							
<u>_</u>	INDIWIBUAL							
UNIT	Ŋ							
_	9							
		Action Other					To/From School	
		Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO						
	L	Drug & Alcohol No	NO					
		Alcohol Test Given	Alcohol Test Type	+		Alcohol Test Results		
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results				
01	001	Drug Type	<b>'</b>		•			
	0							
		Individual Condition						
		APPEARED NORMAL						