6TL0BJ1GM3 22-04230

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/10/2022

Crash Time 07:39 AM

	Document Number Override	Primary Crash Document# Agency Crash Nul 22-04230				stigating Officer/Deputy PUTY J. MACASKILL				
GM3	Crash Date Crash Time 05/10/2022 07:39 AM		Date Arrived		Time	Time Arrived				
J1G	Date Notified Time Notified 05/10/2022 07:40 AM		Total Units 01			Total	Total Injured Total Kill 00 00			
0B	On Emergency H	it and Run Lane	Lane Closure W		ork Zone		railer or Towed		Reporting Threshold	
6TL	Government Property	NO School	I I		Tags	ags				
	Reportable	ANIMAL W/ NO INJURY		Υ	Amended			Secondary Crash		
	l, a sworn law enforcem	ent officer, agree that I ha	ve not added	any CJ	IS data in	this repor	t.			
	Location ——									
	ON CTHO EB				Latitude			Longitud	9	
	34 FT E				43.278102072		72 -89.8283		-89.828321731 Y Coordinate	
	OF EXCHANGE RD									
	IN THE TOWN OF PRAIRIE	DITENC		X Coordinate		ate				
	IN SAUK COUNTY	DU SAC			270504.8	34375	479558		3	
	IN SAUK COUNT				Structure 7	Type				
					Circoloro	, ,,,,				
	Crash Scene									
	First Harmful Event				First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROADWAY					
	Manner of Collision			Light Condition						
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT			Light Cont	216011				
		CLE IN TRANSFORT				-				
	Road Surface Condition(s)				Roadway Factor(s)					
	Fundament Footsway				-					
	Environment Factor(s)									
	Weather Condition(s)				-					
	Weather Condition(s)									
				Relation To Trafficway						
	Animal Type									
	DEER			TRAFFICWAY - ON ROAD						
	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY			NO SPECIAL JURIS						
							SDICTION		La sua e	
	Tribal Land			Access Control				Special Study		
	Unit Summary 💳									
	Unit Status		Vehicle Operating As Classification			UnitType				
	IN TRANSIT	D CLASS				AUTOMOBILE				
	Vehicle Type						Operating As Endorsements			
01	(SPORT) UTILITY VEHICLE						'			
	Total Occs Train/Bus#Recorded Total#Citations Issue				1 Total Trail		\	Total Hazi	Vat Types	
	1		0		0		0		viat i ypes	
	Insurance?	Direction Of Travel Pre CrashT			e Speed Lin		int lotai£anes		#5	
				lark						
7			0			TION		Emergency Motor Vehicle Use NOT APPLICABLE		
UNIT	Most Harmful Event: Collision Wit	h	Special Funct		TION				icle Use	
Z	Most Harmful Event: Collision With NON DOMESTICATED ANIM	h	NO SPECIA	L FUNC	TION		NOT APP	LICABLE		
Ž)	Most Harmful Event: Collision Wit	h		L FUNC	TION		NOT APP			
N)	Most Harmful Event: Collision With NON DOMESTICATED ANIM	h	NO SPECIA	L FUNC	TION		NOT APP	LICABLE trol Inoperat		

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	Truc	ok Bus or HazMat					. ,		
	20090000	Vehicle				n de la composition			
UNIT 01		Vehicle License Plate Number 361SNZ		Plate Type	St Wi	Country of Issuance UNITED STATES			
	5	Vehicle Identification Number 1C4RDJDG6KC756006		Make DODGE	Year 2019	Model DUR			
		Color RED - RED		Body Style Bus Use 4D - 4DR					
	VEHICLE	Initial Contact Point 12 - FRONT Extent Of Damage		Vehicle Damage					
	3	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By					
			G DAMAGE	EVERETTS TOWING					
		What Driver Was Doing Vehicle Factors							
		Driver Prior Action Other							
	щ	Driver Actions NO CONTRIBUTING ACTION							
N N	VEHICLE								
		Owner Vanse		Channer Address					
5	70	3.7.00							
⊨		Policy Holder							
IN		Insurance Company INTEGRITY-INS-CO		Individual CARMELA KOCH					
		Individual							
		Driver CARMELA MARIE KOCH (608) 477-2696		Citations Issued					
	4			0 FEMALE					
=	DIMDUA			Date of Birth	Race WHITE				
		Address E8848 CTY O SAUK CITY, WI 53583, US		Driver License Number					
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sa	On Duty Crash Sety Equipment		Safety Equipment					
		Row	Seat Position	SHOULDER & LAP BELT					
		Helmet Use		Heimet Compliance					
		Eye Protection		Tint Compliance					
5	100	injury Severity NO APPARENT INJURY		Airbag					
		Ejected Ejection Path		•		Trapped/Extricated			
		MedicalTransport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#	EMS Run#		
		Hospital		Date of Death		Time of Death			

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		Distracted By Source	æ					
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action Prior Action						
		Action						
	7							
<u>.</u>	9							
UNIT	INDIWIDUAL							
	Ź.							
	Z							
	_							
		Action Other					To/From School	
		Drug & Alcohol NO Suspected Drug Use NO						
	į	Drug & Alcohol No	NO					
		Alcohol Test Given				Alcohol Test Results		
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN	Drug Test Type	rug Test Type Drug Test Res		sults		
		TEŠT NOT GIVEN			-			
_	~	Drug Type	1					
01	8	3 7.						
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORWAL						