6TL0B655TV 22-07202

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/25/2022

Crash Time 10:35 AM

	Document Number Override Primary Crash Document#		1 -	Agency Crash Number 22-07202			Investigating Officer/Deputy DEPUTY W. NEUBAUER			
≥[Crash Date Crash Time 07/25/2022 10:35 AM		Date	Date Arrived		Time	Time Arrived			
B655TV	Date Notified Time Notified 07/25/2022 11:37 AM		Tota	Total Units		Total	1 1		Total Killed 00	
0	On Emergency Hit and Run Lane		ne Closure	osure Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Property	Active School Zo		ool Bus Rela	ited	Tags				
	▼ Reportable	Crash Type NON-DOMESTICATE	D ANIMAL W	// NO INJU	RY		Amended		Secondary Crash	
	i, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ī	Location 									
j	ON DENZER RD				1 -424 - 1-			1	1_	
	0.27 MI N				Latitude		Longitud			
				4		43.320134665		-89.897	97440819	
	OF HAGER RD				X Coordin	ate	Y Coord			
	IN THE TOWN OF HONEY C	REEK			265058.	265058.125		480044		
	IN SAUK COUNTY					Structure Type			100011010	
					Structure					
	Crash Scene									
Ţ										
	First Harmful Event				1	nful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY				
ŀ	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT			3					
-					D 4	T4/-\				
	Road Surface Condition(s)				Roadway	ractor(s)				
Į.										
	Environment Factor(s)									
	Weather Condition(s)									
					!					
	Animal Type		Relation To Trafficway							
	DEER				TRAFFICWAY - ON ROAD					
ŀ	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY			1			BDICTION			
								To 110/1		
	TribalLand				Access Control				Special Study	
L										
	Unit Summary 💳									
	Unit Status		Vehicle O	nerating As	Classification		UnitType			
	1			D CLASS				AUTOMOBILE		
01	Vehicle Type					Operating As Endorsements			ments	
0	(SPORT) UTILITY VEHICLE									
ľ	Total Occs Train/Bus # Recorded			Total#Citations Issued		Total Traile	illers Total Hazi		MatTypes	
	2		lo			0		0		
-								TotalLane	06	
			Pre CrashTir		9 Sheeds		I Otal Laik		55	
LIND	YES SOUTHBOUND			Mark						
 				Special Function			Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT		HON		NOT APPLICABLE		
				Traffic Control			Traffic Control Inoperative/Missing			
	-						, , , , , , , , , , , , , , , , , , , ,			
	Surface Type			Bd-Com-share		<u> </u>		Poad Grado		
	Contace Type		Road Cur	Road Curvature		Road Grade		·C		
J										

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	Truc	sk Bus or HazMat							
		Vehicle							
UNIT 01		License Plate Number		Plate Type	St	Country of Issuance			
		KW2449		LTK - LIGHT TRUCK	WI Year	Model Model	i		
	5	Vehicle Identification Number 5XYKTCA69FG586155		KIA MOTORS CORPOR	1	SORENTO			
		Color		Body Style		Bus Use			
		SIL - SILVER (ALUMINUM)		UT - SPORT UTILITY VEHICLE					
	8	Initial Contact Point 12 - FRONT		Vehicle Damage 7: 8: 9: 10: 11					
	¥	Extent Of Damage		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT					
	VEHIC	FUNCTIONAL DAMAGE		CORNER, 12 - FRONT, 14 - UNDERCARRIAGE					
		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							
NS.	Ĭ								
_	Щ								
		OwnerName		Owner Address					
2	5								
╻		Policy Holder							
IND		Insurance Company		Individual	<u> </u>				
_		ERIE-INS-CO		ELISHA JAEDIKE					
		Driver ELISHA RENEE JAEDIKE (608) 544-2247		Citations Issued Sex 0 FEMALE					
	3			Date of Birth Race					
l⊨	DIMIDUA				WHITE				
Ş	2	Address		Driver License Number					
	Z	E7722 COUNTY RD PF PLAIN, WI 53577 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	_	On Duty Crash		Safety Equipment					
	Sal	fety Equipment							
		Row	Seat Position	SHOULDER & LAP B	JLDER & LAP BELT				
		Helmet Use		Helmet Compliance					
		11001000		1 June 1					
		Eye Protection		TintCompliance					
2	8	Injury Severity Injury NO APPARENT INJURY		Airbag					
		Ejected Ejection Path		Trapped/Extricated					
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED Hospital		Date of Death		Time of Death	Time of Death		
		i i ospisali		Date of Death		ring or Death			

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		Distracted By Source	e				
		Distracted By Action	_				
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
,	DAL						
UNIT	INDIVIDUAL						
	2						
		Action Other					To/From School
	I	Drug & Alcohol Suspected Alcohol to NO	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	AlcoholTestType AlcoholTestResu			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
01	100	Drug Type					
		Individual Condition					
		APPEARED NORMAL					
•	wetennichts						

Form DT4000