6TL0D5DXZR

22-09809

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/02/2022

Crash Time 07:45 AM

	Document Number Override Primary Crash Document#			Agency Crash Numbe 22-09809		mber	er Investigating Officer/Deputy DEPUTY C. FRANK				
ZR	Crash Date Crash Time 10/02/2022 07:45 AM		D	Date Arrived		Time	Time Arrived				
5DXZ	Date Notified Time Notified 10/02/2022 08:20 AM		T:	otal Units		Total		Injured	red Total Killed		
00.5	On Emergency Hit and Run Lar		ine Closure	Closure Wo		rk Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Active School Zone			School Bus Related T			Tags	ags			
9	Reportable	Crash Type NON-DOMESTICATE	ED ANIMAL	W/ NO I	NJUR	Y	<i></i>	Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
i	Location 										
i	ON STH113 SB					Latitude			Longitud	lo.	
	1132 FT S			4		43.391322251		-89.675		375975212	
	OF HALWEG RD										
	IN THE TOWN OF MERRIMAC IN SAUK COUNTY				X Coordinate 283270.40625				Y Coordinate 4807750		
	IN SAUR COUNTY				Structure 1						
l.	Outside Colors										
,	Crash Scene										
Ī	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
ŀ	Manner of Collision			Light Condition							
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT				Light Contailor					
						Roadway Factor(s)					
	Road Surface Condition(s)			Roadway Factor(s)							
	Facility and the state of the s										
	Environment Factor(s)										
					_						
	Month or Condition(a)										
	Weather Condition(s)										
ŀ	A miss of Truno										
	Animal Type DEER Crash Classification - Location					Relation To Trafficway TRAFFICWAY - ON ROAD					
						Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURIS		ISDICTION			
l	Tribal Land					Access Control				Special Study	
i	Unit Summary										
	Unit Status		Vehicle	Oneratin	a As C	assification		UnitType			
	l l			Vehicle Operating As Classifica		033111000011			AUTOMOBILE		
	IN TRANSIT D CLASS										
0	Vehicle Type				Operating As Endorsements			ments			
0	(SPORT) UTILITY VEHICLE										
	Total Occs Train/Bus#Recorded			Total#Citations Issued		Total Trail		illers Total Hazl		Mat Types	
	3		0	0		0		0			
	Insurance?	Direction Of Travel		Pre CrashTir		e Speed		Limit Total La		es	
-	YES	SOUTHBOUND	Mark								
LIND	Most Harmful Event: Collision With Special Function					1		Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE		
	HOR DOMESTICATED ARMINE (ALITE)								Traffic Control Inoperative/Missing		
	Hand Yray			Traffic Control				Tranic Control moperative/ivitssing			
	Surface Type			liniah				Poad Grado			
	Surface Type			Road Curvature				Road Grade			
		1				l					

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	Truc	k Bus or HazMat								
	VEHICLE 01	License Plate Number TG6A5X		Plate Type AUT - AUTOMOBILE	St MO	Country of Issuance UNITED STATES				
2		Vehicle Identification Number KNDPMCAC6N7998604		Make KIA MOTORS CORPOR	Year RAT 2022	Model SPORTAGE				
		Color GRY - GRAY		Body Style 4H - HATCHBACK 4 D	OOR	Bus Use				
 ⊨		Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 77: 8: 19: 10: 11						
NS NS		Extent Of Damage DISABLING DAMAGE		O1 - RIGHT FRONT CO FRONT	ORNER, 02 - RI	GHT SIDE	5 4 3 2 1			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By						
		What Driver Was Doing		Vehicle Factors	Vehicle Factors					
		Driver Prior Action Other		1						
	ц	Driver Actions NO CONTRIBUTING ACTION								
IN IN	VEHICL									
	3									
٤	5	OwnerName		Owner Address						
•										
l⊨		Policy Holder								
N N		Insurance Company SHELTER-GENERAL-INS	-co	Individual KATHLEEN WADLO	w					
	INDIVIDUAL	Individual Driver KATHLEEN ANN WADLOW (816) 665-1891								
				Citations issued 0	Sex FEMALE	<u> </u>				
_				Date of Birth	Race					
S				Driver License Number						
_				STATE: MONTANA COUNTRY: UNITED STATES						
	Sai			Safety Equipment						
		Row Seat Position		SHOULDER & LAP BELT						
	1001	Helmet Use		Heimet Compliance						
		Eye Protection		TintCompliance						
5		injury Severity Injury NO APPARENT INJURY		Airbag	Airbag					
		Ejection Path				Trapped/Extricated				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital		Date of Death		Time of Death				

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		Distracted By Sou	rce					
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action Prior Action						
		Action						
	7							
<u>_</u>	2							
UNIT	INDIWIDUAL							
\neg	Ħ							
	Z							
	_							
		Action Other					To/From School	
		Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO						
	į	Drug & Alcohol NO	NO					
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	lTestResults	
		TEST NOT GIVEN	1					
		Drug Test Given	Drug Test Type	TestType Drug TestResu		ults		
		Drug Test Given TEST NOT GIVEN	" "					
_	_	Drug Type						
01	8	1 3 - 7						
		Individual Condition						
		48854858 NORMAL						
		APPEARED NORMAL						