6TL0D0GSK6

22-11321

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/11/2022

Crash Time 06:18 PM

| | Document Number Override Primary Crash Document# | | cument# | Agency Crash Number 22-11321 | | | Investigating Officer/Deputy DEPUTY G. AKERS | | | | |
|-------------------|--|------------------------|-----------------------|-----------------------------------|----------------|-------------------------------------|--|--|---------------------|----------|--|
| 6TL0D0GSK6 | Crash Date 11/11/2022 | Crash Time 06:18 PM | | | Date Arrived | | Time | Time Arrived | | | |
| | Date Notified 11/11/2022 | Time Notified 06:18 PM | | | Total Units 01 | | Tota 00 | Total Injured Total Killed 00 00 | | 1 | |
| 0.0 | On Emergency Hit and Run Lane | | Lane Clo | osure Work Zone | | 3 | | | Reporting Threshold | | |
| 6TL | Government Property | ool Zone | School Bus Related NO | | | Tags | Fags | | | | |
| | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR | | | | | Y | | Amended Secondary Crash | | | |
| | , a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | |
| | Location —— | | | | | | | | | | |
| - { | ON STH136 WB | | | | | Latitude | | | Longitud | łe | |
| | 88 FT E | | | | | 43.478652418 | | | -89.844786961 | | |
| | OF VALLEY CIR | | | | | X Coordinate | | | Y Coordinate | | |
| | IN THE TOWN OF EXCELSION | OR | | | | l | | 4817902.5 | | | |
| | IN SAUK COUNTY | | | | | 269928.9375 | | | 4817902.5 | | |
| | | | | | | Structure NO STR | | | | | |
| (| Crash Scene | | | | | | | | | | |
| 1 | FirstHarmful Event First Harmful Event | | | | | | | action | | | |
| | | IAI (AI 13/E) | | | | l | | cation | | | |
| | NON DOMESTICATED ANIM | AL (ALIVE) | | | | ON ROA | | | | | |
| | Manner of Collision | | | | | Light Condition | | | | | |
| | 00 - NO COLLISION W/VEHI | CLE IN TRANSPO | DRT | | | | | | | | |
| l | Road Surface Condition(s) | | | | | Roadway | Factor(s) | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| l | Environment Factor(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Weather Condition(s) | | | | | 1 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ĺ | AnimalType | | | | | Relation To Trafficway | | | | | |
| | DEER | | | | | TRAFFICWAY - ON ROAD | | | | | |
| | Crash Classification - Location | | | | | Crash Classification - Jurisdiction | | | | | |
| | PUBLIC PROPERTY Tribal Land | | | | | NO SPECIAL JURISDICTION | | | | | |
| ŀ | | | | | | Access Control | | Special Study | | | |
| | | | | | | Access Consul | | | opoola, olday | | |
| Į. | | | | | | | | | | | |
| | Unit Summary | | | | | | | | | | |
| | Unit Status | | I . | - | ating As C | Classification | | UnitType | | | |
| | IN TRANSIT D CLASS | | | | | | | AUTOMOBILE | | | |
| _ | Vehicle Type | | | | | Operating As Endorsements | | | | | |
| 01 | (SPORT) UTILITY VEHICLE | | | | | | | | | | |
| ŀ | Total Occs Train/Bus#Recorded | | | Total#Citations Issued | | 1 Total Tra | | railers Total Ha: | | MatTypes | |
| | 1 | | 1 ' | 0 | | 0 | | 0 | | | |
| | | Direction Of Travel | <u>_</u> | | | - | | | | 26 | |
| | | EASTBOUND | | Pre CrashTire Mark | | Speed Li | | i i Grai Laires | | 55 | |
| LINO | | | | | | | Emorgonov Motor Vohicle Une | | | | |
| 5 | Most Harmful Event: Collision With | | | Special Function NO SPECIAL FUNCT | | TION | | Emergency Motor Vehicle Use NOT APPLICABLE | | | |
| | HOR DOMESTICKTED ARMAE (AERE) | | | | | 71 0 11 | | | | | |
| | Traffic Way | | | Traffic Control | | | | Traffic Control Inoperative/Missing | | | |
| | | | | | | | | | | | |
| | Surface Type | | | Road Curvature | | | Road Grade | | | | |
| | | | | | | | | | | | |

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Crash Date 11/11/2022

Crash Time 06:18 PM

| | Truc | k Bus or HazMat | | | | | | | |
|------|------------|--|----------------------|--|------------------|---|--|--|--|
| 01 | | Vehicle License Plate Number AGC9268 Vehicle Identification Number 5LMCJ3D99HUL71921 | | Plate Type AUT - AUTOMOBILE Make LINCOLN | St WI Year | Country of Issuance UNITED STATES Model MKC | | | |
| | VEHICLE 0 | Color BLU - BLUE | | Body Style | | | | | |
| UNIT | | Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE | | Vehicle Damage 01 - RIGHT FRONT CO | RONT | 7. 8 9 10 11 6 E2 5. 4 8 2 1 | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLE | NG DAMAGE | Vehicle Removed By CRAIGS TOWING | | | | | |
| | | What Driver Was Doing Driver Prior Action Other | | Vehicle Factors | | | | | |
| | | Driver Actions | | | | | | | |
| UNIT | VEHICLE | NO CONTRIBUTING ACTION | | | | | | | |
| ٩ | 5 | Ovinet Maine | | OwnerAddress | | | | | |
| Ĭ | | Policy Holder Insurance Company RURAL-MUTUAL-INS-CO- | -(ATTN:-CLAIMS-DEPT) | Individual PATRICIA LANGE | | | | | |
| | INDIVIDUAL | İndividual | | | | | | | |
| | | Driver PATRICIA J LANGE | | Citations issued 0 | Sex FEMALE | | | | |
| _ | | (608) 617-4802 | | Date of Birth | Race | | | | |
| TNU | | Address E7561 BETH RD REEDSBURG, WI 53959 , US | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | Sai | On Duty Crash Safety Equipment | | Safety Equipment | | | | | |
| | 001 | Row Seat Position | | SHOULDER & LAP BELT | | | | | |
| | | HeimetUse | | Helmet Compliance | | | | | |
| | | Eye Protection | | TintCompliance | | | | | |
| 2 | | Injury Severity NO APPARENT INJURY | | 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 | Source | | | | | | |
|----------|---|-------------------|-----------------------|--|----------------------|----------------|--|--|
| | Distracted By Action | | | | | | | |
| | Non Motorist Striking Unit# | Location | | | | | | |
| | Prior Action | | | | | | | |
| | Action | | | | | | | |
| UNIT | | | | | | | | |
| UNIT | | | | | | | | |
| = | | | | | | | | |
| | Action Other | | | | | To/From School | | |
| | Drug & Alcohol NO | ohol Use | Suspected Drug Use NO | | I | | | |
| | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | | | Alcohol Test Results | | | |
| | Drug Test Given TEST NOT GIVEN Drug Test Type | | Drug Test Results | | | | | |
| <u>ا</u> | Drug Type | | | | | | | |
| | Individual Condition | | | | | | | |
| | APPEARED NORMAL | | | | | | | |
| | | | | | | | | |