

6TL092T5SH  
22-13066

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>22-13066</b>		Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>12/31/2022</b>		Crash Time <b>09:52 PM</b>		Date Arrived <b>12/31/2022</b>		Time Arrived <b>10:27 PM</b>	
Date Notified <b>12/31/2022</b>		Time Notified <b>09:53 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
<p>Not to scale</p>		Photos By <b>KING</b>
		Additional Information <b>PHOTOS</b>

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

U1 WAS TRAVELING EASTBOUND ON HY154 TOWARDS HILLPOINT WHEN A HORSE RAN OUT INTO THE ROAD. OPERATOR OF U1 SAID THE HORSE RAN IN FRONT OF HER CAUSING HER TO STRIKE THE HORSE. THE OPERATOR OF U1 SAID SHE WAS UNINJURED ALONG WITH HER TWO CHILDREN. HORSE REMAINED ON THE SIDE OF THE ROAD AND WAS DISPATCHED BY THE OWNER. U1 HAD FRONT END DAMAGE BUT THE OPERATOR BELIEVED IT TO BE DRIVEABLE. THE OPERATOR OF U1 REMOVED THE VEHICLE FROM THE SCENE.

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Location

ON STH154 EB 58 FT N OF LITTLE BROOK DR IN THE TOWN OF WASHINGTON IN SAUK COUNTY	Latitude <b>43.419149855</b>	Longitude <b>-90.113743022</b>
	X Coordinate <b>247928.875</b>	Y Coordinate <b>4812072.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>DOMESTICATED ANIMAL - ALIVE</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>WET, SNOW</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>RAIN, SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>DOMESTICATED ANIMAL - ALIVE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	<b>01</b>	License Plate Number <b>AKG2126</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>KNDPBCAC9F7756350</b>	Make <b>KIA MOTORS CORPORA</b>	Year <b>2015</b>	Model <b>SPORTAGE</b>
			Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
			Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
			Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>12 - FRONT</b>		



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UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>MELISSA INGMAN (608) 963-8307</b>		Owner Address <b>527 ALEXANDER AVE APT 16 REEDSBURG, WI 53959 , US</b>	
		<b>Sequence Of Events</b>			
01	01	Event <b>DOMESTICATED ANIMAL - ALIVE</b>			
		Event			
		Event			
		Event			
01	01	<b>Individual</b>			
		Driver <b>MELISSA .... INGMAN (608) 963-8307</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Address <b>527 ALEXANDER AVE APT 16 REEDSBURG, WI 53959 , US</b>		Date of Birth	
		Driver License Number		Race <b>WHITE</b>	
01	001	<b>Safety Equipment</b>		Safety Equipment	
		On Duty Crash		<b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Use	
		Eye Protection		Helmet Compliance	
01	001	<b>Injury</b>		Airbag	
		Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death		
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit #	Location		

UNIT	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b> Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>		
01	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
	<b>TEST NOT GIVEN</b>		
	Drug Test Given	Drug Test Type	Drug Test Results
	<b>TEST NOT GIVEN</b>		
001	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
UNIT	<b>Individual</b>		
	Passenger	Citations Issued	Sex
	<b>MADISON INGMAN</b>	<b>0</b>	<b>FEMALE</b>
		Date of Birth	Race
			<b>WHITE</b>
	Address	Driver License Number	
<b>527 ALEXANDER AVE #16 REEDSBURG, WI 53959 , US</b>			
01	<b>Safety Equipment</b> On Duty Crash		Safety Equipment
			<b>SHOULDER &amp; LAP BELT</b>
	Row	Seat Position	
	<b>01 - FRONT ROW</b>	<b>09 - RIGHT</b>	
	Helmet Use		Helmet Compliance
Eye Protection		Tint Compliance	
002	<b>Injury</b> Injury Severity		Airbag
	<b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>
	Ejected	Ejection Path	Trapped/Extricated
	<b>NOT EJECTED</b>	<b>NOT EJECTED/NOT APPLICABLE</b>	<b>NOT TRAPPED</b>
	Medical Transport		EMS Agency Identifier
	<b>NOT TRANSPORTED</b>		EMS Run #
Hospital		Date of Death	
		Time of Death	
<b>Distracted By</b> Distracted By Source			
Distracted By Action			
<b>Non Motorist</b> Striking Unit #		Location	
Prior Action			

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UNIT	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	<b>Individual</b>		
	Passenger <b>PAISLEE HOEGE</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>527 ALEXANDER AVE #16 REEDSBURG, WI 53959 , US</b>	Date of Birth <b>WHITE</b>	
Driver License Number			
UNIT	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
UNIT	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	01	003	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition			
			<b>APPEARED NORMAL</b>			