

6TL0CX0QCJ

23-12680

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 23-12680, Investigating Officer/Deputy DEPUTY K. MCCARTY, Crash Date 11/25/2023, Crash Time 05:08 PM, Date Arrived, Time Arrived, Date Notified 11/25/2023, Time Notified 05:10 PM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY, Amended, Secondary Crash

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

Location

ON STH60 WB 0.28 MI S OF SKUNK VALLEY RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY, Latitude 43.251443295, Longitude -89.815991602, X Coordinate 271405.5625, Y Coordinate 4792588.5, Structure Type NO STRUCTURE

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE), First Harmful Event Location ON ROADWAY, Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type DEER, Relation To Trafficway TRAFFICWAY - ON ROAD, Crash Classification - Location PUBLIC PROPERTY, Crash Classification - Jurisdiction NO SPECIAL JURISDICTION, Tribal Land, Access Control, Special Study

Unit Summary

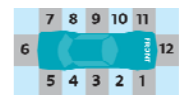
Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type PASSENGER CAR, Operating As Endorsements, Total Occs 1, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel WESTBOUND, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE), Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade

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| | | | |
|---|--|---|--|
| | | Truck Bus or HazMat | |
| 01 | UNIT | Vehicle | |
| | | License Plate Number AVA3930 | Plate Type AUT - AUTOMOBILE |
| | | Vehicle Identification Number 2G1WT57K491123428 | Make CHEVROLET |
| | | Color BLU - BLUE | Year 2009 |
| | | Initial Contact Point 12 - FRONT | Model SEDAN |
| | | Extent Of Damage FUNCTIONAL DAMAGE | Body Style 4D - 4DR |
| | | Towed Due To Damage NOT TOWED | Bus Use |
| | | What Driver Was Doing | Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT |
| | | Driver Prior Action Other | Vehicle Removed By OPERATOR |
| | | Driver Actions NO CONTRIBUTING ACTION | Vehicle Factors |
| Owner Name | Owner Address | | |
| 01 | UNIT | Policy Holder | |
| | | Insurance Company HARTMANN-AARP | Individual ELEANOR HANUSA |
| | | Individual | |
| 01 | UNIT | Driver ELEANOR HANUSA (608) 544-2332 | Citations Issued 0 |
| | | | Sex FEMALE |
| | | | Date of Birth |
| | | | Race WHITE |
| | Address E9078 CASSEL RD SAUK CITY, WI 53583 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | UNIT | Safety Equipment | |
| | | On Duty Crash | Safety Equipment SHOULDER & LAP BELT |
| | | Row | Seat Position |
| | | Helmet Use | Helmet Compliance |
| | | Eye Protection | Tint Compliance |
| | | Injury | Injury Severity NO APPARENT INJURY |
| | | | Airbag |
| Ejected | Ejection Path | Trapped/Extricated | |
| Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run # | |
| Hospital | Date of Death | Time of Death | |



WISCONSIN MOTOR VEHICLE CRASH REPORT

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|-------------|---|------------------------|------------------------------------|---------------------------------|----------------------|
| UNIT | Distracted By | | Distracted By Source | | |
| | Distracted By Action | | | | |
| | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO | |
| | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | Alcohol Test Results |
| | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results | |
| | Drug Type | | | | |
| 01 | 001 | Individual Condition | | | |
| | | APPEARED NORMAL | | | |