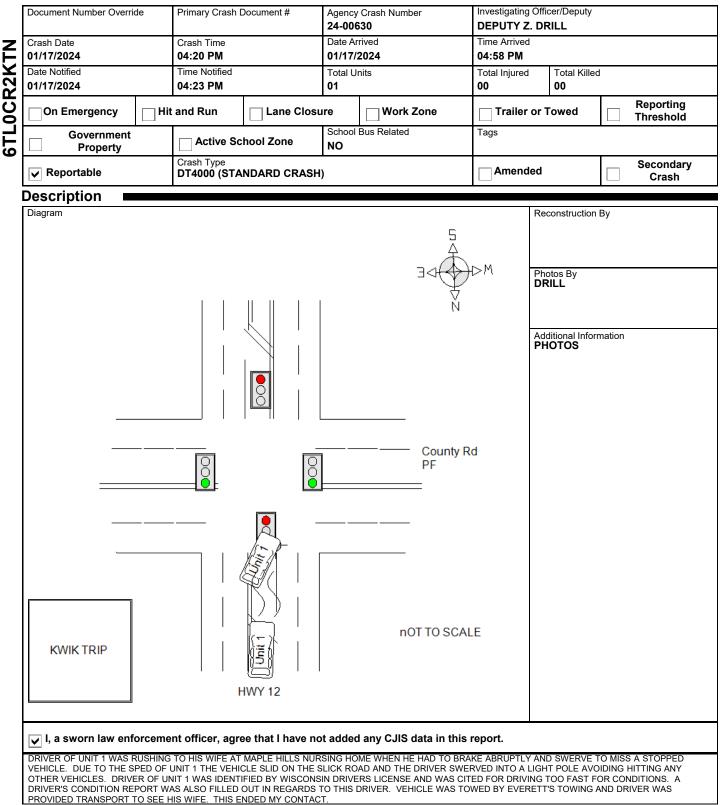
# 6TL0CR2KTN

24-00630

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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



24-00630

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

I	00	ation									
Ĩ	ON USH12 EB				Latitude		atitude		Longitude		
	127 FT N				43.293408199			-89.7	59119988		
		USH12 WB			X Coordin	X Coordinate		Y Coo	ordinate		
		HE VILLAGE OF PRA AUK COUNTY			276176.4	4375		4797	095		
					Structure						
					NO STRUCTURE						
(	Cra	sh Scene 📃									
		Harmful Event				First Harm	nful Event Lo	ocation			
		IER POST, POLE OR	SUPPORT			ON ROA					
		ner of Collision			Light Con						
ŀ			EHICLE IN TRANSPORT				DAYLIGHT Roadway Factor(s)				
		Road Surface Condition(s)				Roadway	1 40101(3)				
		W, SLUSH, ICE									
		onment Factor(s)									
	NOM	IE				NONE					
ľ	Wea	ther Condition(s)				1					
	CLC	UDY									
ŀ	Anim	nimal Type Crash Classification - Location PUBLIC PROPERTY iribal Land				Relation To Trafficway					
						TRAFFIC	CWAY - O	N ROAD			
								Jurisdiction			
							NO SPECIAL JURISDICTION       Access Control     Special Study       NO CONTROL     Special Study			On a stat Otrada	
	TIDE									Special Sludy	
ł	With	n Interchange Area	Junction Location	Intersectio		tion Type					
	YES			FOUR-WAY INTERSECTION							
ī	Jnit	Summary									
T		Status			•	Classification Unit Type					
		RANSIT	D CLASS	D CLASS							
		cle Type SENGER CAR					Operating As Endorsements				
ŀ	-	Occs	Train/Bus # Recorded	Total # Cita	Total Traile		ilers Total HazMat Types		azMat Types		
	1			1 Pre CrashTire Mark		0		0 imit Total Lar 4			
ŀ	Insu	ance?	Direction Of Travel							anes	
	YES		EASTBOUND								
	Most Harmful Event: Collision With OTHER POST, POLE OR SUPPORT			Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE			
ŀ		ic Way	Traffic Cont				Traffic Control Inoperative/Missing				
		D-WAY, NOT DIVIDED,	TRAFFIC SIGNAL				NO				
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT			Road Grade		9		
								LEVEL			
	Truck Bus or HazMat										
1	NO										
l		/ehicle		Plate Type St Co		Country of la					
		License Plate Number AWJ5918		Plate Type AUT - AUTOMOBILE		F	SI WI	Country of Issuance UNITED STATES			
l		Vehicle Identification Nu	Make			Year	Model				
5	01	1FAHP35N29W2435		FORD				FOCUS			
		Color	Body Style		1		Bus Use				
		SIL - SILVER (ALUM	SD - SEDAN								
	Linitial Contact Point 01 - RIGHT FRONT CORNER			Vehicle Damage				7 8 9 10 11			
	VEHICL	Extent Of Damage			01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE				6		
				FRONT, 12 - FRONT 5 4 3 2 1					54321		
	5	DISABLING DAWAG									

24-00630

### WISCONSIN MOTOR VEHICLE CRASH REPORT

			LING DAMAGE		EVERETTS TOWING						
		What Driver Was Doing			Vehicle Factors						
		GOING STRAIGHT			T APPLICABLE						
		Driver Prior Action Other									
		Driver Actions									
	ш	SPEED TOO FAST/CON	ID								
F	UL										
UNIT	ЫH										
	VEHICLE										
	-										
		Owner Name			Owner Address						
6	01	DAVID KAUN (608) 434-3792			W1273 COUNTY ROAD J WISCONSIN DELLS, WI 53965 , US						
0	0			WISCONSIN DELES, WISSIOS , US							
		Sequence Of Events	S								
	01	MOTOR VEH IN TRANS	PORT								
	02	Event OTHER POST, POLE OR SUPPORT									
	03	Event									
		Event									
	04	Lven									
⊢	l	Policy Holder									
UNIT		Insurance Company			Individual						
		RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)			DAVID KAUN						
	I	Individual									
		Driver DAVID KAUN (608) 434-3792			Citations Issued Sex						
	Ļ				1 MALE						
	NDIVIDUAL			[	Date of Birth	Race WHITE					
UNIT		Address			Driver License Number						
∍	D	W1273 COUNTY ROAD J WISCONSIN DELLS, WI 53965 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z										
	Sat	On Duty Crash fety Equipment			Safety Equipment						
	Sai										
		Row 01 - FRONT ROW	Seat Position           ONT ROW         07 - LEFT		SHOULDER & LAP BELT						
		Helmet Use		I	Helmet Compliance						
		Eye Protection			Tint Compliance Airbag						
	-										
2	001	1	APPARENT INJURY		NON DEPLOYED						
		Ejected					Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT A				NOT TRAPPED				
		Medical Transport		E	EMS Agency Identifier		EMS Run #				
							Time of Death				
		Hospital			Date of Death						
	Distracted By Source UNKNOWN										
Distracted By Action											
	UNKNOWN										
							0.101				

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		Non Motorist	Striking Unit #	Location					
		Prior Action							
UNIT	INDIVIDUAL	Action							
		Action Other	Suggested Ales					To/From School	
	L	Drug & Alcohol	Suspected Alco		Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
01	001	Drug Type							
		Individual Condition							
		OTHER							
	1	Violations	•						
	6	UTC Number BG020209	Issue To? <b>001</b>	Statute Number 346.57(3)	Description DRIVING TOO FAST	FOR CONDITIO	NS		