6TL09B7D83

18-00065

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

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	Document Number Override	Primary Crash Document #	• •	Agency Crash Number 18-00065			Investigating Officer/Deputy DEPUTY K. SORENSON		
~	Crash Date	Crash Time		Date Arrived			Time Arrived		
83									
Õ	Date Notified	Time Notified	Total Un	its		Total	Injured	Total Killed	
37	01/02/2018	04:17 PM	01			00		00	
6TL09B7D8	On Emergency Hit and Run		Closure Work		rk Zone		Frailer or To	owed	Reporting Threshold
Ĩ	Government	School E NO				Tags			
e	Property Reportable	ANIMAL W/ NO INJURY			Amended		Secondary Crash		
	✔ I, a sworn law enforcement	any CJ	IS data in this report.						
	ON CTHH WB				Latitude Longitude				
	0.83 MI N				43.602981364		-89.902378843		378843
	OF CTHP WB IN THE TOWN OF DELLONA				X Coordina	ate	Y Coordinate		inate
	IN SAUK COUNTY				265753.2	8125		4831872	
			Structure Type						
					l				
1	Crash Scene								
	First Harmful Event					ful Event Lo	cation		
	NON DOMESTICATED ANIN	IAL (ALIVE)			ON ROA				
	Manner of Collision NO COLLISION W/VEHICLE				Light Condition				
					Boodwoy	Factor(a)			
	Road Surface Condition(s)				Roadway Factor(s)				
	Environment Factor(s)								
	Weather Condition(s)				-				
	Weather Condition(3)								
	Animal Type				Relation To Trafficway				
	DEER				TRAFFICWAY - ON ROAD				
	Crash Classification - Location				Crash Classification - Jurisdiction				
	PUBLIC PROPERTY				NO SPECIAL JURI		SDICTION		
	Tribal Land			Access Control				Special Study	
	Unit Summary		Vahiele Onere		localification		11 X T		
	Unit Status Vehicle Operating As C IN TRANSIT D CLASS			lassification Unit Type AUTOMOBILE					
	Vehicle Type					Operating As Endorsements			nents
01	(SPORT) UTILITY VEHICLE								
	Total Occs	Total # Citations Issued		Total Trai		ilers Total HazM		Mat Types	
	1	·	0		0		0		
	Insurance?	Direction Of Travel	Pre CrashTire		Speed I		Limit Total Land		es
F	YES	WESTBOUND							
UNIT	Most Harmful Event: Collision With Special Function						Emergency Motor Vehicle Use		
	NON DOMESTICATED ANIN	NO SPECIAL FUNCTIO		TION		NON-EMERGENCY, NON-TRANSPORT			
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type	Road Curvature				Road Grade			

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	Truck Bus or HazMat NO								
Vehicle									
UNIT 01		License Plate Number 241ZJG	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
	VEHICLE 01	Vehicle Identification Number 5XYPGDA32GG140727	Make KIA MOTORS CORPORA	Year 2016	Model SORENTO LX				
		Color RED - RED		JT - SPORT UTILITY VEHICLE NOT A BUS					
		Initial Contact Point 11LEFT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	/ehicle Damage						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	PERATOR					
		What Driver Was Doing Vehicle Factors							
		Driver Prior Action Other							
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
		Driver Distractions NOT DISTRACTED							
0	01								
		Owner Name	Owner Address						
F	I	Policy Holder							
UNIT		Insurance Company 21ST-CENTURY-ADVANTAGE-INSURANCE-CO	Individual CECELIA LANGLAND						
	1	Individual							
	INDIVIDUAL	Driver CECELIA LANGLAND	Citations Issued 0 Date of Birth		Sex FEMALE Race				
UNIT		Address	Driver License Number		WHITE				
5		N 2799 26 AV LYNDON STATION, WI 53944 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment						
		Seat Position		SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
•		Eye Protection	Tint Compliance						

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6	001	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			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action								
⊢	UAL									
UNIT	INDIVIDUAL									
	Z									
		Action Other								
	Drug & Alcohol 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			
0	001	Drug Type								
		APPEARED NOR	MAL							