

6TL0BFKD8V  
18-11522

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>18-11522</b>	Investigating Officer/Deputy <b>DEPUTY H. LARKIN</b>	
Crash Date <b>10/16/2018</b>		Crash Time <b>10:50 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>10/16/2018</b>		Time Notified <b>10:55 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>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

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

Location

<b>ON STH23 EB 0.56 MI S OF OLD 23 IN THE TOWN OF FRANKLIN IN SAUK COUNTY</b>	Latitude <b>43.253736485</b>	Longitude <b>-90.065664546</b>
	X Coordinate <b>251146</b>	Y Coordinate <b>4793556.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>	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	Special Study

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way		Traffic Control	Traffic Control Inoperative/Missing		
	Surface Type		Road Curvature	Road Grade		

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		Truck Bus or HazMat <b>NO</b>	
UNIT 01	VEHICLE 01	<b>Vehicle</b>	
		License Plate Number <b>583YBS</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>5XYKTD79FG579561</b>	Make <b>KIA MOTORS CORPORA</b>
		Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>
		Initial Contact Point <b>1--RIGHT FRONT CORNER</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 12--FRONT, UNDERCARRIAGE</b>
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
		What Driver Was Doing	Vehicle Factors
		Driver Prior Action Other	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Driver Distractions <b>NOT DISTRACTED</b>			
Owner Name	Owner Address		
UNIT 01	VEHICLE 01	<b>Policy Holder</b>	
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>TYLER MEISE</b>
		<b>Individual</b>	
UNIT 01	INDIVIDUAL 01	Driver <b>MICHELLE MARIE WINTERFELDT</b>	Citations Issued <b>0</b>
			Sex <b>FEMALE</b>
			Date of Birth [REDACTED]
			Race <b>WHITE</b>
		Address <b>1070 CEDAR ST PLAIN, WI 53577 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Seat Position			
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	

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01	UNIT	INDIVIDUAL	001								
				<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag					
				Ejected		Ejection Path		Trapped/Extricated			
				Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
				Hospital		Date of Death		Time of Death			
				<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		
				Action							
				Action Other							
				<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			
				01	UNIT	INDIVIDUAL	001	Drug Type			
								Individual Condition <b>APPEARED NORMAL</b>			