## 6TL0B3P3DM 19-00727

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 19-00727			Investigating Officer/Deputy DEPUTY S. PARKHURST			
⅀	Crash Date <b>01/17/2019</b>	Crash Time 06:16 PM			Date Arrived		Time	Time Arrived			
<b>6TL0B3P3DM</b>	Date Notified <b>01/17/2019</b>	Time Notified 06:18 PM			Total Units 01		Tota 00		Total Killed	I	
0B;	On Emergency	lit and Run	Lane Close	ure	☐ Wo	rk Zone		Trailer or T	owed	Reporting Threshold	
<b>6TL</b>	Government Property	hool Zone	School Bus Related NO			Tag	S				
	<b>✓</b> Reportable	TICATED ANIM	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.										
Ī	Location <b>——</b>										
·	ON S539A STH58 NB					Latitude				Longitude	
	0.37 MI S					43.63227	<b>'5142</b>	-90.1248726		872673	
	OF LUCHT RD					X Coordina	ate		Y Coord	inate	
	(FIRE S539A)					247917.8			483577		
	IN THE TOWN OF LAWALL	_							100011		
	IN THE TOWN OF LA VALL				Structure 7	гуре					
IN SAUK COUNTY FIRE											
(	Crash Scene										
Ī	First Harmful Event					First Harm	ful Event L	ocation			
	NON DOMESTICATED ANII			ON ROADWAY							
ŀ	NON DOMESTICATED ANIMAL (ALIVE)  Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TO ANGOOD	т			Light Condition					
ŀ		IN TRANSFOR				Doodway	Footor(o)				
	Road Surface Condition(s)					Roadway	racior(s)				
ŀ	Environment Factor(s)										
	Environment ractor(s)										
ŀ	Weather Condition(s)	Weather Condition(s)									
	(-)	Weather Containon(3)									
İ	Animal Type					Relation To Trafficway					
	DEER Crash Classification - Location PUBLIC PROPERTY Tribal Land			TRAFFICWAY  Crash Classificat  NO SPECIAL  Access Control			WAY - O				
ŀ											
ŀ										Special Study	
	Thou Land					Access Co	niti Oi			Special Study	
Į											
	Unit Summary										
	Unit Status Vel			Pehicle Operating As Classification				Unit Type			
	IN TRANSIT			D CLASS				AUTOMO			
_	Vehicle Type							Operating a	As Endorser	nents	
0	(SPORT) UTILITY VEHICLE										
ŀ	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Trail		lers Total Hazi		Mat Types	
	1		0			0		0			
ŀ	Insurance?	? Direction Of Travel							Total Lane	es	
ᆫᅵ	YES NORTHBOUND			Pre CrashTire Mark							
L N	Most Harmful Event: Collision With			cial Function				Emergency Motor Vehicle Use			
5				NO SPECIAL FUNC			TION		NOT APPLICABLE		
	NON DOMESTICATED ANIMAL (ALIVE)										
	Traffic Way			fic Control				Traffic Control Inoperative/Missing			
	Confess Tons										
	Surface Type			Road Curvature				Road Grade			
								1			

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l	Truc	k Bus or HazMat							
	NO								
	,	Vehicle							
		License Plate Number	Plate Type St		Country of Issuance				
		863VDC	AUT - AUTOMOBILE	WI	UNITED STATES				
2	_	Vehicle Identification Number	Make	Year	Model				
0	VEHICLE 01	JTMBFREV4HJ159142	TOYOTA	2017	RAV4				
		Color WHI - WHITE	Body Style	UICI E	Bus Use NOT A BUS				
		Initial Contact Point	UT - SPORT UTILITY VEHICLE NOT A BUS  Vehicle Damage						
<b>-</b>		12FRONT	veriloie Damage						
LNO		Extent Of Damage	12FRONT						
_ ر	Ę	FUNCTIONAL DAMAGE							
		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions							
	ш	Driver Actions NO CONTRIBUTING ACTION							
⊨	VEHICLE								
UNIT	Ĭ								
_	<b>M</b>								
		Owner Name	Owner Address						
2	5								
		Dallan Hallan							
L		Policy Holder Insurance Company Individual							
5		AMERICAN-FAMILY-INS-CO	COLETTE SKUNDBER	G-RADTKE					
		Individual							
		Driver	Citations Issued		Sex				
		COLETTE J SKUNDBERG-RADTKE	0		FEMALE				
	Ε	(608) 606-0000	Date of Birth		Race				
╘	⊒				WHITE				
Ĭ N N	DIVIDUAL	Address	Driver License Number						
		E4315B SAINT PAUL RD LA VALLE, WI 53941,US	STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment						
		, ,							
		On Duty Crash							
	Sat	fety Equipment	Salety Equipment	Catchy Equipment					
		Seat Position	SHOULDER & LAP BE	LT					
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
	_	Injury Severity	Airbag						
01	90	Injury NO APPARENT INJURY	7 203						
		Ejected Ejection Path		Trapped/Extricated					
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED							
		Hospital	Date of Death		Time of Death				

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I			Distracted By Source	<u> </u>				
		Distracted By	Distracted by Course	,				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
İ		Action						
	A							
<b> </b>	Š							
LIND	₹							
>	INDIVIDUAL							
	Z							
		1 1 01						T- /- 0 - 1
		Action Other						To/From School
ŀ	Suspected Alcohol Use			Suspected Drug Use	<u> </u>			
	Drug & Alcohol NO				NO			
		Alcohol Test Given	•	Alcohol Test Type	•		Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given		Drug Test Type		Drug Test Results		
		TEST NOT GIVEN						
10	001	Drug Type						
0	<b>6</b>							
		Individual Condition						
		Individual Condition						
		Individual Condition  APPEARED NOR	MAL					