6TL092T5N7 19-04055

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [, ,			estigating Officer/Deputy EPUTY J. KIRKENG				
>	Crash Date 04/09/2019	Crash Time 07:22 PM			Date Arrived		Time	Time Arrived				
.092T5N7	Date Notified 04/09/2019	Time Notified 07:22 PM			Total Units 01		Tota 00		Total Killed	i		
(60	On Emergency	Hit and Run	Lane Clos	sure Wor		k Zone		Trailer or T	owed	Reporting Threshold		
eTL	Government Property	hool Zone	School Bus Related NO			Tag	Tags					
	✓ 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.											
	Location											
-	ON ISHNALA RD				Latitude				Longitud	Longitude		
	0.37 MI S					43.56730	9664	-89.7979		99027		
	OF IH90 EB					X Coordina	ate	Y Coordinate		linate	٦	
	IN THE TOWN OF DELTON	l				274045.1875 4827620.5			20.5			
	IN SAUK COUNTY					Structure 7	Гуре				_	
						NO STR						
	Crash Scene											
Ī	First Harmful Event					First Harm	ful Event L	ocation			_	
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROADWAY				ļ		
-	Manner of Collision	` ,				Light Condition						
	NO COLLISION W/VEHICL	E IN TRANSPOR	т									
ŀ	Road Surface Condition(s)					Roadway	Factor(s)				-	
	. ,					ĺ	()					
	Environment Factor(s)											
	Weather Condition(s)											
-	Animal Type					Polotion To Trofficuov						
	Animal Type				Relation To Trafficway							
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION Access Control Special Study							
	Tribal Land					Access Control Special Study						
L											_	
	Unit Summary											
				Vehicle Operating As Classification				Unit Type				
	_			D CLASS					AUTOMOBILE			
_	Vehicle Type							Operating .	As Endorser	ments		
0	PASSENGER VAN											
	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Trai				Mat Types		
	2		0	0		0		0		į		
	Insurance? Direction Of Travel			Pre CrashTire		Speed Lin		imit Total Lane		es		
⊨ ا	YES NORTHBOUND				ark							
UNIT	Most Harmful Event: Collision With			cial Function				Emergency Motor Vehicle Use		_		
ا ر	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE			
ļ	Traffic Way			fic Control				Traffic Control Inoperative/Missing				
ŀ	Surface Type			Road Curvature				Road Grade				

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	Truc NO	k Bus or HazMat							
		Vehicle							
1		License Plate Number 830ZMV Vehicle Identification Number	Plate Type St AUT - AUTOMOBILE WI Make Year		Country of Issuance UNITED STATES Model				
01	VEHICLE 01	KNDMB233696273354 Color BLU - BLUE	KIA MOTORS CORPORA 2009 Body Style VN - VAN		SEDONA Bus Use NOT A BUS				
TINO		Initial Contact Point 11LEFT FRONT CORNER Extent Of Damage MINOR DAMAGE	Vehicle Damage 11LEFT FRONT CORNER						
		Towed Due To Damage NOT TOWED What Driver Was Doing GOING STRAIGHT	Vehicle Removed By OPERATOR Vehicle Factors						
		Driver Action Other Driver Actions	NOT APPLICABLE						
UNIT	VEHICLE	NO CONTRIBUTING ACTION							
10	10	Owner Name	Owner Address						
LINO	ı	Policy Holder Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual KATHERINE BRADLEY						
	INDIVIDUAL	Individual							
		Driver KATHERINE BRADLEY (414) 397-3650	Citations Issued O Date of Birth		Sex FEMALE Race				
LINO		Address 900 E HIAWATHA DR WISCONSIN DELLS, WI 53965, US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sa	On Duty Crash	Safety Equipment						
		Seat Position	SHOULDER & LAP BELT						
	001	Helmet Use Eye Protection	Helmet Compliance Tint Compliance						
10		Injury Severity	Airbag						
0		Injury NO APPARENT INJURY Ejected Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #				
		Hospital	Date of Death		Time of Death				

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Crash Date 04/09/2019

Crash Time 07:22 PM

		Distracted By	Distracted By Source	1					
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	Z								
		Action Other						To/From School	
			Corrected Alachalli		I Constant Devention				
	L	Drug & Alcohol	Suspected Alcohol U NO	se	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			
10	001	Drug Type							
		Individual Condition							
		APPEARED NORI	MAL						