6TL09T1TN6 19-07245

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [.9,			nvestigating Officer/Deputy DEPUTY G. CHRISTOPHER			
9 	Crash Date 06/17/2019	Crash Time 05:00 AM			Date Arrived		Time	Time Arrived			
6TL09T1TN6	Date Notified 06/17/2019	Time Notified 05:37 AM			Total Units 01		Total 00		Injured Total Killed 00		
	On Emergency	Hit and Run	and Run Lane Close		ure Work Zone			Trailer or Towed		Reporting Threshold	
	Government Property Active School Zone			School Bus Related NO			Tag	Tags			
	✓ Reportable	Crash Type NON-DOMES	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RYAmended			Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
·	ON CTHPF EB					Latitude Longitude				de	
	76 FT W					43.29291	18341	-89.786684374		684374	
	OF RAHL RD					X Coordin	ate	Y Coordinate		inate	
	IN THE TOWN OF PRAIRI	E DU SAC				273938.4375				4797115	
	IN SAUK COUNTY					Structure	Type				
						Otradiard	1) 0				
l.											
(Crash Scene										
	First Harmful Event					First Harm	ful Event L	ocation			
	NON DOMESTICATED AN	IMAL (ALIVE)				ON ROA	DWAY				
İ	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICL	E IN TRANSPOR	Т								
İ	Road Surface Condition(s)					Roadway	Factor(s)				
ļ	<u> </u>										
	Environment Factor(s)										
ŀ	Weather Condition(s)										
	vvoation containon(o)										
İ	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
İ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
ŀ	ribal Land				Access Control S			Special Study			
ı I	Unit Summary					l					
	Unit Status		l Veh	icle Onerat	tina As C	lassification		Unit Type			
				Vehicle Operating As Classification D CLASS				AUTOMOBILE			
ŀ	Vehicle Type					Operating As Endorsements					
0	PASSENGER CAR							Operating	- LIIUUISEI	neno	
						d Total Trail		railers Total HazMa		Mat Types	
								o		iviat Types	
ŀ	1 Inquironno?	0 Direction Of Travel					0 Speed Limi			96	
.	Insurance? Direction Of Travel			Pre CrashTire			Speed Limit		Total Lanes		
L N	YES EASTBOUND			Mark Special Function							
5	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCTI			TION		Emergency Motor Vehicle Use NOT APPLICABLE		
	NON DOMESTICATED ANIMAL (ALIVE)						IION				
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	Surface Time			D 10			Dood Crade				
	Surface Type			Road Curvature				Road Grade			

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ı	-	Total Dua as Has Mat							
		Truck Bus or HazMat							
	NO								
	,	Vehicle							
		License Plate Number	Plate Type	St	Country of Issuance				
01		932YUD	AUT - AUTOMOBILE	wı	UNITED STATES				
		Vehicle Identification Number	Make	Year	Model				
	2	1C3CDFAA7DD197442	DODGE	2013	DART SE				
		Color	Body Style	2010	Bus Use				
		GRY - GRAY	4D - 4DR		NOT A BUS				
	VEHICLE	Initial Contact Point	Vehicle Damage						
 		12FRONT	Venicle Daniage						
UNIT	₽	Extent Of Damage	11LEFT FRONT CORNER, 12FRONT						
 	亩	FUNCTIONAL DAMAGE							
	>								
		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions							
	VEHICLE	NO CONTRIBUTING ACTION							
UNIT	ᇙ								
5	豆								
_	3								
		Owner Name	Owner Address						
	_								
6	5								
		Policy Holder							
Ì≒		Policy Holder Insurance Company Individual							
LIND		PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual VALERIE BALLWEG						
_									
		Individual							
		Driver	Citations Issued		Sex				
	_	VALERIE ANN BALLWEG	0		FEMALE				
	4	(608) 370-3024	Date of Birth		Race				
 	DIVIDUAL				WHITE				
L N	≥	Address	Driver License Number						
_ ر	9	E7454 COUNTY ROAD C							
	=	NORTH FREEDOM, WI 53951 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	_	On Duty Crash	Safety Equipment	Safety Equipment					
	Sa	fety Equipment							
		Seat Position	SHOULDER & LAP BELT Helmet Compliance						
		Helmet Use							
		Eye Protection	Tint Compliance						
_	Σ	Injury Severity	Airbag						
01	90	Injury NO APPARENT INJURY	-						
		Ejected Ejection Path	L						
				Trapped/Extricated					
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	2 35, .22						
		Hospital	Date of Death		Time of Death				
			1						

Crash Date **06/17/2019**Crash Time **05:00 AM**

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Crash Date 06/17/2019

Crash Time 05:00 AM

		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 NORMAL							