

6TL0B7D6RM
19-08695

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 19-08695	Investigating Officer/Deputy DEPUTY A. SUKOWATEY	
Crash Date 07/15/2019		Crash Time 05:16 AM	Date Arrived	Time Arrived	
Date Notified 07/15/2019		Time Notified 05:16 AM	Total Units 01	Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY		<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

ON CTHPF EB 0.91 MI W OF SLOTTY RD IN THE TOWN OF HONEY CREEK IN SAUK COUNTY	Latitude 43.306953716	Longitude -89.869131543
	X Coordinate 267303.40625	Y Coordinate 4798900.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type DEER	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control	Special Study

Unit Summary

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

Vehicle

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01	UNIT	VEHICLE	01	License Plate Number 560UFT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
			01	Vehicle Identification Number 4S3BNBD60F3050053	Make SUBARU	Year 2015	Model LEGACY 2.5
			01	Color BLU - BLUE	Body Style 4D - 4DR	Bus Use NOT A BUS	
			01	Initial Contact Point 12--FRONT	Vehicle Damage		
			01	Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT		
			01	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING		
01	UNIT	VEHICLE	01	What Driver Was Doing	Vehicle Factors		
			01	Driver Prior Action Other			
			01	Driver Actions NO CONTRIBUTING ACTION			
01	UNIT	VEHICLE	01	Owner Name	Owner Address		
			01	Policy Holder			
01	UNIT	VEHICLE	01	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual KATHERINE HINTZ		
			01	Individual			
01	UNIT	INDIVIDUAL	001	Driver KATHERINE GAYLE HINTZ (608) 963-9385	Citations Issued 0	Sex FEMALE	
				Date of Birth	Race WHITE		
			Address S8269 COUNTY ROAD PF LOGANVILLE, WI 53943 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
			Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
01	UNIT	INDIVIDUAL	001	Seat Position	Helmet Compliance		
				Helmet Use			
				Eye Protection	Tint Compliance		
				Injury	Injury Severity NO APPARENT INJURY	Airbag	
01	UNIT	INDIVIDUAL	001	Ejected	Ejection Path	Trapped/Extricated	
				Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
				Hospital	Date of Death	Time of Death	
01	UNIT	INDIVIDUAL	001	Distracted By		Distracted By Source	
				Distracted By Action		Distracted By Action	
01	UNIT	INDIVIDUAL	001	Non Motorist		Striking Unit #	Location

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UNIT	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol		
	Suspected Alcohol Use 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
	Drug Type		
	Individual Condition APPEARED NORMAL		
	01	001	