

6TL09426T1

19-12714

# 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>19-12714</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>10/11/2019</b>		Crash Time <b>11:53 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>10/11/2019</b>		Time Notified <b>11:54 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 USH12 EB 563 FT S OF USH12 EB IN THE TOWN OF SUMPTER IN SAUK COUNTY</b>	Latitude <b>43.338701519</b>	Longitude <b>-89.758988295</b>
	X Coordinate <b>276353.40625</b>	Y Coordinate <b>4802125</b>
	Structure Type <b>NO STRUCTURE</b>	

### 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

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	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>SOUTHBOUND</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
	Truck Bus or HazMat <b>NO</b>				

### Vehicle

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01 UNIT VEHICLE	License Plate Number <b>ABE1313</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>KL7CJKS4JB571188</b>		Make <b>CHEVROLET</b>	Year <b>2018</b>	Model <b>TRAX</b>	
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage			
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>			
01 UNIT VEHICLE	What Driver Was Doing		Vehicle Factors			
	Driver Prior Action Other					
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
01 UNIT VEHICLE	Owner Name		Owner Address			
	<b>Policy Holder</b>					
01 UNIT VEHICLE	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>ASHLEY RADUNZEL</b>			
	<b>Individual</b>					
01 UNIT INDIVIDUAL	Driver <b>ASHLEY JAYNE RADUNZEL (608) 516-8469</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
			Date of Birth	Race <b>WHITE</b>		
	Address <b>6737 PINELAKE DR # 213 MADISON, WI 53719 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash			
	Seat Position		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 UNIT INDIVIDUAL	<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>Distracted By</b>		Distracted By Source			
Distracted By Action						
<b>Non Motorist</b>		Striking Unit #		Location		

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<b>UNIT</b>	Prior Action		
	Action		
	Action Other		To/From School
	<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
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	<b>01</b>	<b>001</b>	