6TL09QKRDX 19-12904

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/16/2019

Crash Time 07:52 PM

	Document Number Override	Primary Crash	_		,			nvestigating Officer/Deputy DEPUTY S. STACEY			
DX	Crash Date 10/16/2019	Crash Time 07:52 PM			Date Arrived		Time	Time Arrived			
KR	Date Notified 10/16/2019	Time Notified 08:50 PM			Total Units 01		Total 00			Total Killed 00	
6TL09QKRDX	On Emergency	Hit and Run	and Run Lane Clos		☐ Work Zone		ר	Trailer or Towed		Reporting Threshold	
6TL	Government Active School Zone			School Bus Related NO			Tags	ags			
	Crash Type NON-DOMESTICATED ANIMA				MAL W/ NO INJURY			Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
ĺ	Location										
į	ON CTHH WB					Latitude	Latitude Longitude				
	237 FT E					43.59415	0645		-89.931		
	OF CHERRY LN										
	IN THE TOWN OF DELLONA IN SAUK COUNTY				X Coordinate 263365.65625				Y Coordinate 4830974		
						Structure Type NO STRUCTURE					
						NO STRE	UCTURE				
(Crash Scene										
1	First Harmful Event					First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROADWAY					
	Manner of Collision					Light Condition					
	NO COLLISION W/VEHIC	I F IN TRANSPOR	?T			Light Condition					
	Road Surface Condition(s)		••			Roadway Factor(s)					
	rioda Gariado Gorianion(o)					- roudinay	. acto. (c)				
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPE	CIAL JURI	SDICTION			
	Tribal Land					Access Control Special Study					
	Unit Summary										
	Unit Status		Veh	icle Opera	ting As C	lassification		Unit Type			
	IN TRANSIT D CLASS			g			AUTOMOBILE				
	Vehicle Type					Operating As Endorsements			nents		
01	PASSENGER VAN					3					
	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Traile		ers	Total Haz	Total HazMat Types	
	1		0	a •			0		0	··· // ···	
	Insurance?	Direction Of Trave		Dro Cr	rochTiro		Speed Lim	peed Limit		Total Lanes	
_	YES	SOUTHBOUND	\Box	Pre CrashTire Mark							
UNIT	Most Harmful Event: Collision With Special Function						Emergency Motor Vehicle Use				
-	NON DOMESTICATED ANIMAL (ALIVE) NO SPECIAL FUN				L FUNC	TION		NOT APPLICABLE			
	Traffic Way Traffic Control							Traffic Control Inoperative/Missing			
	Surface Type Road Curvature				re			Road Grade			
	Truck Bus or HazMat NO										
	Vehicle										

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		License Plate Number		ate Type	St	Country of Issuance				
		ABF4953		AUT - AUTOMOBILE WI Make Year		UNITED STATES				
7	01	Vehicle Identification Number KNDMB5C12H6228636		Make Year KIA MOTORS CORPORA 2017		Model SEDONA				
)	Color		Body Style		Bus Use				
		RED - RED		N - VAN		NOT A BUS				
	Щ	Initial Contact Point		Vehicle Damage						
╘	VEHICLE	12FRONT		11LEFT FRONT CORNER, 12FRONT, UNDERCARRIAGE						
LNO	Ī	Extent Of Damage								
	7	DISABLING DAMAGE								
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing		STEVES AUTO SERVICE Vehicle Factors						
		what briver was boing	ve	Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions	•							
	LE	NO CONTRIBUTING ACTION								
L	⊒C									
5	VEHICLE									
	>	>								
		Owner Name		Owner Address						
_	1									
6	01									
╘	I	Policy Holder								
LNO		Insurance Company SENTRY-INS-A-MUTUAL-CO		Organization/Company MARSHFIELD CLINIC INC						
				MARSIN ILLD CLINIC IN	<u> </u>					
		Individual Driver		Citations Issued		Sex				
		ANGELA KAY MAKOVEC		0		FEMALE				
	¥	(715) 613-1906	L	Date of Birth		Race				
╘	ב					WHITE				
E I	N	Address		Driver License Number						
	INDIVIDUAL	220 W TAYLOR ST UNITY, WI 54488 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		,								
		On Duty Crash		Safety Equipment						
	Saf	ety Equipment		SHOULDER & LAP BELT Helmet Compliance Tint Compliance						
		Seat Position								
		Helmet Use								
		Eye Protection								
		,								
5	001	Injury Severity	Airbag							
٥		Injury NO APPARENT IN		I Tarana ad / Tarbia ada ad						
		Ejection Path			Trapped/Extricated					
		Medical Transport	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED	0 ,							
		Hospital	Date of Death		Time of Death					
						<u> </u>				
		Distracted By Distracted By Source								
		Distracted By Action								
		Striking Unit #	Location							
		Non Motorist								

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		Prior Action					
		Action					
		7. Calon					
	7						
-	Ď						
L N N	INDIVIDUAL						
_	ቯ						
	=						
		Action Other		To/From School			
	L	Orug & Alcohol NO	Use	Suspected Drug Use NO			
İ		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN Drug Test Typ		Drug Test Resul			
2	001	Drug Type	•				
	0						
		Individual Condition					
		APPEARED NORMAL					
		AFFEARED NORMAL					