

6TL0C22XW9

19-14355

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, Investigating Officer/Deputy SERGEANT S. STEINHORST, Crash Date 11/19/2019, Crash Time 06:50 PM, Date Arrived, Time Arrived, Date Notified 11/19/2019, Time Notified 07:00 PM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type NON-DOMESTICATED 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 CTHD WB
1034 FT E
OF GOLF COURSE RD
IN THE TOWN OF WESTFIELD
IN SAUK COUNTY
Latitude 43.460112371, Longitude -89.959874839, X Coordinate 260547.5625, Y Coordinate 4816168, 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 RACCOON(S), Relation To Trafficway TRAFFICWAY - ON ROAD, Crash Classification - Location, Crash Classification - Jurisdiction, Tribal Land, Access Control, Special Study

Unit Summary

Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type (SPORT) UTILITY VEHICLE, Operating As Endorsements, Total Occs 01, Train/Bus # Recorded, Total # Citations Issued, Total Trailers 0, Total HazMat Types, Insurance? YES, Direction Of Travel WESTBOUND, 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 TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR

Vehicle

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01	UNIT	VEHICLE	01	License Plate Number <b>286CLN</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			01	Vehicle Identification Number <b>3D4GG57V09T215423</b>	Make <b>DODGE</b>	Year <b>2009</b>	Model <b>JOURNEY SX</b>	
			01	Color <b>BGE - BEIGE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>		
			01	Initial Contact Point <b>UNDERCARRIAGE</b>	Vehicle Damage			
			01	Extent Of Damage <b>MINOR DAMAGE</b>	<b>12--FRONT</b>			
			01	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>			
			01	What Driver Was Doing	Vehicle Factors			
01	UNIT	VEHICLE	01	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
			01	Owner Name	Owner Address			
01	UNIT	INDIVIDUAL	01	<b>Policy Holder</b>				
			01	Insurance Company <b>SECURA-INS-A-MUTUAL-CO</b>	Individual <b>LAURA KOENIG</b>			
			01	<b>Individual</b>				
01	UNIT	INDIVIDUAL	01	Driver <b>LAURA L KOENIG (608) 415-0014</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
			01		Date of Birth	Race <b>WHITE</b>		
			01	Address <b>S6925 SUNRISE RD LOGANVILLE, WI 53943 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
			01	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment		
01	UNIT	INDIVIDUAL	01	Seat Position	<b>SHOULDER &amp; LAP BELT</b>			
			01	Helmet Use	Helmet Compliance			
			01	Eye Protection	Tint Compliance			
			01	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag		
			01	Ejected	Ejection Path	Trapped/Extricated		
			01	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
			01	Hospital	Date of Death	Time of Death		
01	UNIT	INDIVIDUAL	01	<b>Distracted By</b>				
			01	Distracted By Source	Distracted By Action			
01	UNIT	INDIVIDUAL	01	<b>Non Motorist</b>				
			01	Striking Unit #	Location			

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UNIT	INDIVIDUAL	Prior Action							
		Action							
		Action Other			To/From School				
	01	001	<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>Carrier</b>						
			<input type="checkbox"/>	<b>Use Vehicle Owner Same as Carrier</b>		Source			
UNIT	TRUCK	BUS	Name		Address				
			GVWR		Vehicle Configuration	Cargo Body Type			
	US DOT #		Carrier Type		Permitted Load				
	<input type="checkbox"/>	<b>OS/OW Load</b>	WI Permit Number	<input type="checkbox"/>	<b>Permitted Vehicle On Permitted Route</b>	<input type="checkbox"/>	<b>Escort Vehicle Required By Permit</b>	<input type="checkbox"/>	<b>Escort Vehicle Present</b>
	Measured Height		Measured Length		Measured Width		Measured Weight		