

6TL0B4X4MM

19-14951

# 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>19-14951</b>	Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>12/05/2019</b>		Crash Time <b>05:34 AM</b>	Date Arrived	Time Arrived	
Date Notified <b>12/05/2019</b>		Time Notified <b>05:34 AM</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 STH33 EB 16 FT E OF WEBSTER LN IN THE TOWN OF DELTON IN SAUK COUNTY</b>	Latitude <b>43.514516113</b>	Longitude <b>-89.788619413</b>
	X Coordinate <b>274605.21875</b>	Y Coordinate <b>4821731.5</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>1</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>EASTBOUND</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	01	License Plate Number <b>422ZPU</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			01	Vehicle Identification Number <b>JTMBK32V676021259</b>	Make <b>TOYOTA</b>	Year <b>2007</b>	Model <b>RAV4 SPORT</b>	
			01	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>		
			01	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage			
			01	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</b>			
			01	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>REEDSBURG SALVAGE</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>AUTO-OWNERS-INS-CO</b>	Individual <b>SUSIE HORKAN</b>			
			01	<b>Individual</b>				
01	UNIT	INDIVIDUAL	01	Driver <b>JOETTE M HORKAN (608) 393-1762</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
			01		Date of Birth	Race <b>WHITE</b>		
			01	Address <b>E7324A SOUTH AVE REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
			01	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
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				
01	UNIT	INDIVIDUAL	01	Distracted By Action				
			01	<b>Non Motorist</b>	Striking Unit #	Location		

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<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>	