

**20-01295**

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

Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-01295</b>		Investigating Officer/Deputy <b>DEPUTY B. MEARS</b>	
Crash Date <b>02/04/2020</b>		Crash Time <b>05:40 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>02/04/2020</b>		Time Notified <b>06:07 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

## Location

<b>ON STH23 WB</b> <b>0.27 MI S</b> <b>OF HACKBARTH RD</b> <b>IN THE TOWN OF REEDSBURG</b> <b>IN SAUK COUNTY</b>	Latitude	Longitude
	<b>43.489190615</b>	<b>-90.013858477</b>
	X Coordinate	Y Coordinate
	<b>256297.09375</b>	<b>4819554</b>
	Structure Type	

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - 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

01	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	
UNIT	Total Occs <b>01</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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	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	

Crash Date	02/04/2020
Crash Time	05:40 AM

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
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		Truck Bus or HazMat							
01	UNIT	01	VEHICLE	<b>Vehicle</b>					
				License Plate Number <b>635VDK</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
				Vehicle Identification Number <b>1GKEV33778J228279</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2008</b>	Model <b>ACADIA SLT</b>		
				Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use			
				Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage				
				Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>				
				Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>				
				What Driver Was Doing	Vehicle Factors				
				Driver Prior Action Other					
				01	UNIT	01	VEHICLE	Driver Actions <b>UNKNOWN</b>	
Owner Name		Owner Address							
<b>Policy Holder</b>									
Insurance Company <b>ERIE-INS-CO</b>		Individual <b>STEVEN RICHERT</b>							
<b>Individual</b>									
Driver <b>STEVEN D RICHERT (608) 415-8715</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>						
Address <b>375 EAST ST 7 LOGANVILLE, WI 53943 , US</b>		Date of Birth	Race <b>WHITE</b>						
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>									
01	UNIT	001	INDIVIDUAL					<b>Safety Equipment</b>	
								On Duty Crash	Safety Equipment
				Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>			
				Helmet Use	Helmet Compliance				
				Eye Protection	Tint Compliance				
				<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			

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UNIT  INDIVIDUAL          01 001	<b><i>Distracted By</i></b>		Distracted By Source	
	Distracted By Action			
	<b><i>Non Motorist</i></b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			
	To/From School			
	<b><i>Drug &amp; Alcohol</i></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>				