

6TL0DBC3B4  
20-11763

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 20-11763		Investigating Officer/Deputy DEPUTY C. GALLAGHER	
Crash Date 10/02/2020		Crash Time 07:03 PM		Date Arrived		Time Arrived	
Date Notified 10/02/2020		Time Notified 07:03 PM		Total Units 01		Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY		<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**

ON USH14 WB 0.42 MI W OF DONALD RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.190652417	Longitude -90.154974593
	X Coordinate 243631.359375	Y Coordinate 4786820.5
	Structure Type NO STRUCTURE	

**Crash Scene**

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type DEER	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control	Special Study

**Unit Summary**

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> 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	

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Truck Bus or HazMat						
<b>Vehicle</b>						
01 UNIT VEHICLE	License Plate Number <b>427SZB</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1N4AL2AP5CN479449</b>		Make <b>NISSAN</b>	Year <b>2012</b>	Model <b>ALTIMA</b>	
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>4D - 4DR</b>	Bus Use		
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage			
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By			
	What Driver Was Doing		Vehicle Factors			
01 UNIT VEHICLE	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>AMERICAN-FAMILY-INS-CO</b>			Individual <b>THOMAS REHBEIN</b>		
	<b>Individual</b>					
01 UNIT INDIVIDUAL	Driver <b>THOMAS DONALD REHBEIN (608) 576-8593</b>			Citations Issued <b>0</b>		Sex <b>MALE</b>
				Date of Birth <b>[REDACTED]</b>		Race <b>WHITE</b>
	Address <b>3609 SERENITY TRL MADISON, WI 53719 , US</b>			Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 UNIT 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			
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	

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<b>UNIT</b> <b>INDIVIDUAL</b>      <b>01</b> <b>001</b>	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action				
	<b>Non Motorist</b>		Striking Unit #	Location	
	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>					