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21-11708

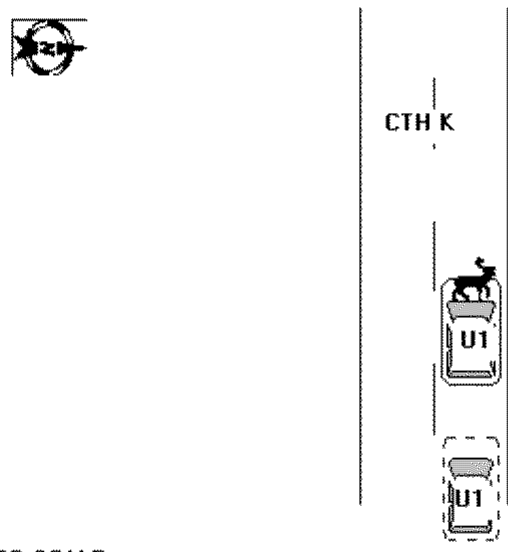
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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 21-11708		Investigating Officer/Deputy <b>SERGEANT T. CLAUER</b>	
Crash Date 12/06/2021		Crash Time 04:48 PM		Date Arrived 12/06/2021		Time Arrived 05:22 PM	
Date Notified 12/06/2021		Time Notified 04:50 PM		Total Units 01		Total Injured 02	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 DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram   <p>NOT TO SCALE</p>	Reconstruction By
	Photos By
	Additional Information NONE

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT ONE WAS TRAVELING WEST ON CTH K. UNIT ONE STRUCK A DEER IN THE ROADWAY AND BECAME DISABLED IN THE ROADWAY. DRIVER AND FRONT SEAT PASSENGER WERE COMPLAINING OF MINOR INJURIES AND WERE GOING TO BE CHECKED OUT AT THE HOSPITAL AFTER THEY MADE IT HOME. SHIELDS TOWING REMOVED THE VEHICLE.

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Location

ON CTHK WB 1231 FT W OF PICKEL RD IN THE TOWN OF IRONTON IN SAUK COUNTY	Latitude 43.482062271	Longitude -90.11606282
	X Coordinate 248002.671875	Y Coordinate 4819067
	Structure Type NO STRUCTURE	

Crash Scene

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 <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
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 <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT 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			
	Total Occs <b>03</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"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>02</b>
	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 <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

Vehicle

UNIT VEHICLE 01	License Plate Number <b>733WSU</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2GNAXXE1K6229026</b>	Make <b>CHEVROLET</b>	Year <b>2019</b>	Model <b>EQX</b>
	Color <b>BLK - BLACK</b>	Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>SHIELDS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>BETH A MCNULTY (608) 434-4134</b>		Owner Address <b>309 7TH STREET PRAIRIE DU SAC, WI 53578 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>DOMESTICATED ANIMAL - ALIVE</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>BETH MCNULTY</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ANTHONY J OLSON (608) 434-4134</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>309 7TH STREET PRAIRIE DU SAC, WI 53578 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Driver License Number [REDACTED]		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>DEPLOYED-COMBINATION</b>	
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		
Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>NOT TRANSPORTED</b>		
EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		
Time of Death		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
01 001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO
	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>Individual</b>			
UNIT INDIVIDUAL	Passenger <b>BETH ANN MCNULTY</b> (608) 516-8739		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address 309 7TH ST PRAIRIE DU SAC, WI 53578 , US		Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
01 002	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source		
Distracted By Action				
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
		<b>Drug &amp; Alcohol</b> Suspected Alcohol Use <b>NO</b>	
01	002	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
UNIT	INDIVIDUAL	Drug Test Results	
		Drug Type	
		Individual Condition <b>APPEARED NORMAL</b>	
		<b>Individual</b>	
01	003	Passenger <b>ERVIN E YODER</b>	Citations Issued <b>0</b>
		Date of Birth [REDACTED]	Sex <b>MALE</b>
		Race <b>WHITE</b>	
		Address <b>S3975 BARREAU RD LAVALLE, WA 53941 , US</b>	Driver License Number
UNIT	INDIVIDUAL	<b>Safety Equipment</b> On Duty Crash	
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>
		Helmet Use	Helmet Compliance
01	003	Eye Protection	
		Tint Compliance	
		<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b>	
		Airbag <b>DEPLOYED-COMBINATION</b>	
UNIT	INDIVIDUAL	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
		Hospital	EMS Run#
01	003	Date of Death	
		Time of Death	
		<b>Distracted By</b> Distracted By Source	
		Distracted By Action	
UNIT	INDIVIDUAL	<b>Non Motorist</b> Striking Unit#	
		Location	
Prior Action			

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UNIT INDIVIDUAL	Action			
	Action Other		To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	Suspected Drug Use NO	
	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>			
	01 003			