

6TL0BGSFHG

22-04694

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0BGSFHG

Document Number Override		Primary Crash Document#		Agency Crash Number <b>22-04694</b>		Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>	
Crash Date <b>05/23/2022</b>		Crash Time <b>12:00 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>05/23/2022</b>		Time Notified <b>12:10 PM</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 STH23 EB 1213 FT N OF FELDMAN DR IN THE TOWN OF WESTFIELD IN SAUK COUNTY</b>			Latitude <b>43.409044331</b>		Longitude <b>-90.031839098</b>	
			X Coordinate <b>254518.84375</b>		Y Coordinate <b>4810705.5</b>	
			Structure Type <b>NO STRUCTURE</b>			

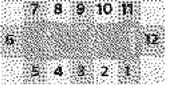
### Crash Scene

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

### Unit Summary

<b>01 UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>2</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>NORTHBOUND</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	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

Truck Bus or HazMat			
01 UNIT VEHICLE	<b>Vehicle</b>		
	License Plate Number <b>456PBX</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>5LMTJ3DH6GUJ15273</b>	Make <b>LINCOLN</b>
	Year <b>2016</b>	Model <b>MKC</b>	Color <b>TAN - TAN</b>
	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>11 - LEFT FRONT CORNER</b>
	Bus Use	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By	
	What Driver Was Doing	Vehicle Factors	
	Driver Prior Action Other	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Owner Name	Owner Address	
01 UNIT POLICY HOLDER	<b>Policy Holder</b>		
	Insurance Company <b>RURAL-COMMUNITY-INSURANCE-COMPANY</b>	Individual <b>WILLIAM HANSON</b>	
01 UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>WILLIAM CURTIS HANSON</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>608 E NORTH ST DODGEVILLE, WI 53533 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 UNIT SAFETY EQUIPMENT	On Duty Crash		Safety Equipment
	Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury Severity <b>NO APPARENT INJURY</b>		Airbag
01 UNIT MEDICAL	Ejected	Ejection Path	Trapped/Extricated
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run#
	Hospital	Date of Death	Time of Death

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<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>		