#### 6TL0CBQ6QR 22-08723

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Ī	Document Number Override	Primary Crash Document		Agency Crash Number 22-08723		lnvestigating O				
~	Crash Date	Crash Time					Time Arrived			
BQ6QR	Crash Date Crash Time 09/01/2022 08:44 PM		Buton	arrivou		Time	7 iiii ou			
9[	Date Notified	Time Notified	Total U	Jnits		Total	Injured	Total Killed	i	
BC	09/01/2022	08:50 PM	01			00		00	1	
<u>၂</u>	On Emergency	it and Run	Lane Closure W		rk Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Property	ne School			Tags	ags				
9	<b>▼</b> Reportable	<u> </u>	ANIMAL W/ NO INJURY			Amended		Secondary Crash		
Ī	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ì	Location	ocation								
i	ON WATER ST/ STH78 NB							Longitud	lo.	
	ON WATER ST/ STH/8 NB   519 FT S				Latitude 43.304981246		-89.7340			
	OF NORTH RIDGE DR									
	IN THE TOWN OF PRAIRIE DU SAC					X Coordinate 278248.78125			Y Coordinate 4798313.5	
	IN SAUK COUNTY							4/9031	J.5	
					Structure NO STR	UCTURE				
(	Crash Scene									
1	First Harmful Event	Firet Harm	nful Event I c	cation						
	NON DOMESTICATED ANIM	IAL /ALIVE\			First Harmful Event Location					
ļ.	Manner of Collision	IAL (ALIVE)			ON ROADWAY					
		CLE IN TRANSPORT			Light Condition					
ļ	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway	Factor(s)				
ŀ	Environment Factor(s)				1					
	Livionnent ractor(s)									
ŀ	Weather Condition(s)				1					
	(-)									
	Animal Type					Relation To Trafficway				
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPE	CIAL JURI	SDICTION			
	Tribal Land					Access Control Special Study				
L										
	Unit Summary -									
	Unit Status Vehicle Operating A			rating As C	assification	1	Unit Type			
				D CLASS				AUTOMOBILE		
01	Vehicle Type					Operating As Endorsements				
0	(SPORT) UTILITY VEHICLE									
ľ	Total Occs Train/Bus # Recorded		Total # Citati	Total # Citations Issued		Total Trail		Total Haz	Mat Types	
	1		0		0		0			
ľ	Insurance?	Direction Of Travel	Pre CrashTire		e Speed Lin		mit Total Lane		es	
ا⊒	YES NORTHBOUND			Mark						
LIND				Special Function		Emergency Motor V				
ر	NON DOMESTICATED ANIM	NO SPECI	NO SPECIAL FUNCTIO			NOT APPLICABLE				
ŀ	Traffic Way	Traffic Contr	ol			Traffic Control Inoperative/Missing				
ľ	Surface Type	Road Curvat	Road Curvature				Road Grade			

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Crash Date 09/01/2022

Crash Time 08:44 PM

	Truc	k Bus or HazMat					. ,		
	,	Vehicle							
01		License Plate Number		Plate Type St		Country of Issuance			
		296VBF		AUT - AUTOMOBILE	WI	UNITED STATES			
	2	Vehicle Identification Number 5TDJZRFH5JS815353		Make TOYOTA	Year <b>2018</b>	Model HIGHLANDER			
		Color		Body Style	2010	Bus Use			
		GRY - GRAY		UT - SPORT UTILITY V	/EHICLE				
_	VEHICLE	Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage		7 8 9 10 11			
L		Extent Of Damage		— 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE			6 7 12		
_ ا		FUNCTIONAL DAMAGE		FRONT, 12 - FRONT 5 4 3 2 1					
		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLING DAMA What Driver Was Doing		EVERETTS TOWING  Vehicle Factors					
		Driver Prior Action Other							
		Driver Actions							
	쁘	NO CONTRIBUTING ACTION							
LNO	읃								
>	VEHICLE								
	Owner Name Owner Address								
2	6								
LIND		Policy Holder Insurance Company Individual							
5		STATE-FARM-GENERAL-INS-CO		ROGER HEIDENREI	СН				
		Individual							
		Driver ROGER HEIDENREICH		Citations Issued Sex MALE					
	¥	(608) 643-4437		Date of Birth	Race				
⊨	DIVIDUAL								
L N N	≧	Address S8268A INSPIRATION DR MERRIMAC, WI 53561 , US  On Duty Crash		Driver License Number					
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sa	fety Equipment		Safety Equipment					
	Row Seat Position		sition	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
		Tiomist odd		полно сопривнос					
İ		Eye Protection		Tint Compliance					
_	Σ	Injury Severity		Airbag					
01	00	Injury NO APPARENT INJURY							
		Ejected Ejection Path		Trapped/Extricated					
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED		Date of Do-#h		Time of Dooth			
		Hospital		Date of Death		Time of Death			

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		Distracted By Source						
Distracted By Action								
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNO	INDIVIDUAL							
	N							
		Action Other						To/From School
	Drug & Alcohol NO			se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	i	
2	001	Drug Type						
		Individual Condition						
		APPEARED NORM	ИΔΙ					
		AI I LAILLE NOIL	TIAL .					