

6TL0DKRB01  
22-10237

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0DKRB01

Document Number Override		Primary Crash Document#		Agency Crash Number		Investigating Officer/Deputy <b>DEPUTY R. BARNES</b>	
Crash Date 10/14/2022		Crash Time 06:30 PM		Date Arrived		Time Arrived	
Date Notified 10/14/2022		Time Notified 06:30 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 CTHG NB 1020 FT N OF PROUTY RD IN THE TOWN OF BEAR CREEK IN SAUK COUNTY	Latitude 43.376700112	Longitude -90.122720169
	X Coordinate 247025.375	Y Coordinate 4807385
	Structure Type	

**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**

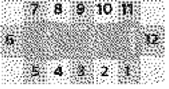
01      <b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</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	

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Truck Bus or HazMat				
01 UNIT VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>ARH3815</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>JF2GTAEC5KH289400</b>	Make <b>SUBARU</b>	
	Year <b>2019</b>	Model <b>CROSSTREK</b>	Color <b>BLU - BLUE</b>	
	Body Style <b>UT - SPORT UTILITY VEHICLE</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>		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	
	Vehicle Removed By <b>TBD BY INSURANCE</b>		What Driver Was Doing	
	Vehicle Factors		Driver Prior Action Other	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01 UNIT VEHICLE	Owner Name		Owner Address	
	<b>Policy Holder</b>			
01 UNIT INDIVIDUAL	Insurance Company <b>GEICO-GENERAL-INS-CO</b>		Individual <b>KATHARINE SCHULTZ</b>	
	<b>Individual</b>			
01 UNIT INDIVIDUAL	Driver <b>KATHARINE ANN SCHULTZ (202) 731-4164</b>		Citations Issued <b>0</b>	
	Sex <b>FEMALE</b>		Date of Birth [REDACTED]	
	Race <b>WHITE</b>		Address <b>E3576 STATE ROAD 154 HILLPOINT, WI 53937 , US</b>	
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 UNIT INDIVIDUAL	On Duty Crash		Safety Equipment	
	<b>Safety Equipment</b>		<b>SHOULDER &amp; LAP BELT</b>	
	Row	Seat Position	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag	
01 UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
	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>			