

6TL0DKRB02  
22-10264

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		Investigating Officer/Deputy <b>DEPUTY R. BARNES</b>	
Crash Date 10/15/2022		Crash Time 08:48 PM		Date Arrived		Time Arrived	
Date Notified 10/15/2022		Time Notified 08:48 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 STH78 SB 0.27 MI N OF KELLER RD IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.331896013	Longitude -89.722899973
	X Coordinate 279254.25	Y Coordinate 4801273
	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>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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

NO

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Truck Bus or HazMat			
01 UNIT VEHICLE	<b>Vehicle</b>		
	License Plate Number <b>NA2586</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Make <b>CHEVROLET</b>	Year <b>2016</b>
	Model <b>SILVERADO</b>	Color <b>BLK - BLACK</b>	Body Style <b>PK - PICKUP</b>
	Bus Use	Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>	Vehicle Damage <b>02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR</b>
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</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>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>SKYLER RICHARDS</b>	
	<b>Individual</b>		
01 UNIT INDIVIDUAL	Driver <b>SKYLER THOMAS RICHARDS</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>	
	Address <b>S9044 TIMBERCREST TRL PRAIRIE DU SAC, WI 53578 , 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 <b>SHOULDER &amp; LAP BELT</b>		
	Row	Seat Position	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
01 UNIT INDIVIDUAL	<b>Injury</b>		Airbag
	<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

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT INDIVIDUAL</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>					