

6TL0DCL4HJ  
22-10237

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 <b>6TL0DKRB01</b>		Primary Crash Document#	Agency Crash Number <b>22-10237</b>	Investigating Officer/Deputy <b>DEPUTY R. BARNES</b>	
Crash Date <b>10/14/2022</b>		Crash Time <b>06:30 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>10/14/2022</b>		Time Notified <b>06:30 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 checked="" 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.

ADD CRASH NUMBER

**Location**

<b>ON CTHG NB 1020 FT N OF PROUTY RD IN THE TOWN OF BEAR CREEK IN SAUK COUNTY</b>	Latitude <b>43.376700112</b>	Longitude <b>-90.122720169</b>
	X Coordinate <b>247025.375</b>	Y Coordinate <b>4807385</b>
	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 IT	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

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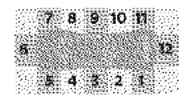
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UN	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way	Traffic Control	Traffic Control Inoperative/Missing
	Surface Type	Road Curvature	Road Grade
	Truck Bus or HazMat		

01	<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	

UNIT	VEHICLE	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>	

UNIT	VEHICLE	What Driver Was Doing	Vehicle Factors
		Driver Prior Action Other	

01	01	Owner Name	Owner Address

UNIT	<b>Policy Holder</b>	
	Insurance Company <b>GEICO-GENERAL-INS-CO</b>	Individual <b>KATHARINE SCHULTZ</b>

UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>KATHARINE ANN SCHULTZ (202) 731-4164</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>
		Address <b>E3576 STATE ROAD 154 HILLPOINT, WI 53937 , US</b>	Driver License Number <b>[REDACTED]</b> <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	Seat Position
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance

01	001	Injury Severity <b>NO APPARENT INJURY</b>	Airbag

