6TL0D0GSK3

22-10806

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/29/2022

Crash Time 08:41 PM

	Document Number Overide	Primary Crash Document	1 -	1 3 ,			Investigating Officer/Deputy DEPUTY G. AKERS			
2	Crash Date		Date A	Date Arrived		Time	Time Arrived			
6TL0D0GSK3	Date Notified 10/29/2022	Time Notified 08:42 PM	Total U	Total Units 01		Tota 00	Total Injured Total Killed		1	
0.00	On Emergency Hit and Run Lane		e Closure	losure Work Zone			Trailer or Towed		Reporting Threshold	
ETL	Government Property	School NO	I I		Tags	ags				
	▼ Reportable	Crash Type NON-DOMESTICATED	ANIMAL W/ I	NO INJUR	RY		Amended		Secondary Crash	
	i, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ī	Location ——									
j	ON CTHANB									
	0.35 MI N				Latitude		Longitud -89.738			
				43.573324044		24044			38455619	
	OF BUNKER DR			X Coordinate 278875.15625			Y Coordinate 4828128.5		inate	
	IN THE TOWN OF DELTON									
	IN SAUK COUNTY									
				Structure Type NO STRUCTURE						
	Crash Scene									
	First Harmful Event				FirstHarm	ıful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA	DWAY				
ŀ	Manner of Collision				1 lab 4 Canadidan					
		CLE IN TRANSPORT			Light Condition					
Į.	00 - NO COLLISION W/VEHI	JLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway	Factor(s)				
ľ	Environment Factor(s)				1					
ŀ	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					-				
	Weather Condition(s)									
					Relation To Trafficway					
	AnimalType									
	DEER			TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location		Crash Clas	rash Classification - Jurisdiction						
	PUBLIC PROPERTY						DICTION			
								I =		
	Tribal Land			Access Control				Special Study		
	Unit Summary 💳									
	Unit Status		Vohiolo Ono	ratina As C	lassification		1 1 m is T			
			1	Vehicle Operating As Classification			Unit Type			
				D CLASS				AUTOMOBILE		
_ [Vehicle Type				Operating As Endorsements					
01	(SPORT) UTILITY VEHICLE									
ŀ	<u> </u>			Total#Citations Issued		1 Total Trail		lers Total HazMat Types		
	1			10115 155466					aviat i ypes	
			U	0		0		0		
		Direction Of Travel Pre Crash		CrashTire	ire Speed Lir		nit Total Lanes		es	
⊢	YES	NORTHBOUND								
LIND	Most Harmful Event: Collision With Special Function					<u> </u>	Emergency Motor Vehicle Use			
ゴー			NO SPECI	AL FUNC	TION		NOT APPLICABLE			
ļ	NON DOMESTICATED ANIM			TION		Traffic Control Inoperative/Missing				
	Traffic Way	Traffic Conti	rol							
	Surface Type	Road Curva	Road Curvature				Road Grade			
	••		stoad Odi valdie							
			1							

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	Truc	k Bus or HazMat							
01		License Plate Number ANP1803 Vehicle Identification Number		Plate Type AUT - AUTOMOBILE Make	St WI Year	Country of Issuance UNITED STATES Model			
•	VEHICLE 01	WBXYJ5C31JEB19494 Color		BMW Body Style	2018	X2 Bus Use			
		BLK - BLACK Initial Contact Point		UT - SPORT UTILITY	UT - SPORT UTILITY VEHICLE				
IN		12 - FRONT Extent Of Damage DISABLING DAMAGE		7 8 9 10 11 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT 6 12 CORNER, 12 - FRONT 5 4 3 2 3					
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other		_					
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
٦	3 6	Change Name		Owner Address					
 -		Policy Holder							
N N		Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual BENJAMIN RUEFER					
		Driver BENJAMIN KENNEDY RUEFER (920) 602-1304							
				Oitations Issued	Sex MALE				
_	INDIVIDUA			Date of Birth	Race WHITE				
TNO		Address 400 9TH AVE BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash Safety Equipment		Safety Equipment					
		Row Seat Position		SHOULDER & LAP BELT					
		HelmetUse		Heimet Compliance					
		Eye Protection		TintCompliance					
2	8	Injury Severity NO APPARENT INJURY		Airbag	Airbag				
		Ejected Ejection Path		Trapped/Extricated					
		MedicalTransport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#			
		Hospital		Date of Death		Time of Death			

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		Distracted By	Source					
		Distracted By						
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action						
		Action						
-	INDIWIDUAL							
UNIT	Z							
_	2							
		A 2 00					I = /5 0 1 1	
		Action Other					To/From School	
		Drug & Alcohol NO	cohol Use	Suspected Drug Use				
	I	Jrug & Alcohol No	NO					
		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results		
		TEST NOT GIVEN	Dwg Toot Type		In T 10 1			
		Drug Test Given TEST NOT GIVEN Drug Test Type			Drug Test Results			
01	99	Drug Type	I		•			
_	0							
		Individual Condition						
		APPEARED NORMAL						