

6TL0D7W15T

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0D7W15T

Document Number Override		Primary Crash Document#		Agency Crash Number		Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date 12/14/2022		Crash Time 06:06 PM		Date Arrived		Time Arrived	
Date Notified 12/14/2022		Time Notified 06:06 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

<b>ON LINN ST/ STH136 EB</b> <b>0.43 MI E</b> <b>OF RAVEN ACRES DR</b> <b>IN THE TOWN OF BARABOO</b> <b>IN SAUK COUNTY</b>			Latitude 43.480274096		Longitude -89.794608086	
			X Coordinate 273993.375		Y Coordinate 4817945	
			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>WESTBOUND</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

WISCONSIN MOTOR VEHICLE  
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Truck Bus or HazMat			
01 UNIT VEHICLE	<b>Vehicle</b>		
	License Plate Number <b>SK5670</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>5TFDW5F14FX428599</b>	Make <b>TOYOTA</b>
	Year <b>2015</b>	Model <b>TUNDRA</b>	Color <b>ONG - ORANGE</b>
	Body Style <b>PK - PICKUP</b>	Bus Use	Initial Contact Point <b>12 - FRONT</b>
	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		7 8 9 10 11 6 5 4 3 2 1
	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>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>KEVIN BLUM</b>	
	<b>Individual</b>		
01 UNIT INDIVIDUAL	Driver <b>KEVIN LEE BLUM (608) 963-5636</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth [REDACTED]	Race <b>WHITE</b>	
01 UNIT INDIVIDUAL	Address <b>1025 7TH ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		
01 UNIT INDIVIDUAL	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> Injury Severity <b>NO APPARENT INJURY</b>		Airbag
	Ejected	Ejection Path	Trapped/Extricated
01 UNIT INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run#
	Hospital	Date of Death	Time of Death

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UNIT INDIVIDUAL          01 001	<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	Suspected Drug Use
	NO	NO
	Alcohol Test Given	Alcohol Test Type
TEST NOT GIVEN		
Drug Test Given	Drug Test Type	Drug Test Results
TEST NOT GIVEN		
Drug Type		
Individual Condition		
APPEARED NORMAL		