

6TL0CX0QBN  
23-02158

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 <b>23-02158</b>		Investigating Officer/Deputy <b>DEPUTY K. MCCARTY</b>	
Crash Date <b>03/03/2023</b>		Crash Time <b>01:45 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>03/03/2023</b>		Time Notified <b>08:07 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 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 CTHG SB 435 FT S OF BARREAU RD IN THE TOWN OF IRONTON IN SAUK COUNTY</b>	Latitude <b>43.506885036</b>	Longitude <b>-90.164449776</b>
	X Coordinate <b>244194.296875</b>	Y Coordinate <b>4821972</b>
	Structure Type <b>NO STRUCTURE</b>	

**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**

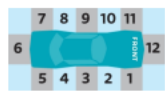
<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</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	<b>Vehicle</b>			
		License Plate Number <b>226KEK</b>	Plate Type <b>AUT - AUTOMOBILE</b>		
		Vehicle Identification Number <b>2C4RDGEG8HR859395</b>	Make <b>DODGE</b>		
		Color <b>WHI - WHITE</b>	Year <b>2017</b>		
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Country of Issuance <b>UNITED STATES</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	Model <b>GRAND CARA</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Body Style <b>VN - VAN</b>		
		What Driver Was Doing	Bus Use		
		Driver Prior Action Other	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>		
		Driver Actions	Vehicle Removed By <b>OPERATOR</b>		
Owner Name	Owner Address				
01	UNIT	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>LESTER SMALL</b>		
		<b>Individual</b>			
01	UNIT	Driver <b>LESTER SMALL</b>	Citations Issued <b>0</b>		
		Sex <b>MALE</b>	Date of Birth		
		Race <b>WHITE</b>	Address <b>820 IRON ST LA VALLE, WI 53941 , US</b>		
		Driver License Number	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Row	Seat Position	Helmet Use	
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury <b>NO APPARENT INJURY</b>	Injury Severity	Airbag	
		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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UNIT	INDIVIDUAL	<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		
		01	001	<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>								