

6TL0DBC3FX  
23-02354

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0DBC3FX

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-02354</b>		Investigating Officer/Deputy <b>DEPUTY B. TRAGER</b>	
Crash Date <b>03/09/2023</b>		Crash Time <b>05:40 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>03/09/2023</b>		Time Notified <b>05:41 AM</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"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		<input type="checkbox"/> Trailer or Towed	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Reporting Threshold	
<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 USH12 EB 0.40 MI S OF USH12 EB IN THE TOWN OF SUMPTER IN SAUK COUNTY</b>	Latitude <b>43.414675716</b>	Longitude <b>-89.772822353</b>
	X Coordinate <b>275512.625</b>	Y Coordinate <b>4810600.5</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**

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</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>EASTBOUND</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>ARK9691</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>4T1G11AK2MU572845</b>	Make <b>TOYOTA</b>
		Color <b>GRY - GRAY</b>	Year <b>2021</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>CAMRY</b>
		Towed Due To Damage <b>NOT TOWED</b>	Body Style <b>SD - SEDAN</b>
		What Driver Was Doing	Bus Use
		Driver Prior Action Other	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Removed By <b>OWNER</b>
Owner Name	Owner Address		
<b>Policy Holder</b>			
Insurance Company <b>ERIE-INSURANCE-EXCHANGE</b>	Individual <b>RABECA ROGERS</b>		
<b>Individual</b>			
Driver <b>DAVID ROBERTS</b> <b>(608) 419-1150</b>	Citations Issued <b>0</b>		
Address <b>112 ROSEWOOD LN N</b> <b>WEST SALEM, WI 54669 , US</b>	Sex <b>MALE</b>		
	Date of Birth		
	Race		
	Driver License Number		
<b>Safety Equipment</b>	On Duty Crash		
Row	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Seat Position	Helmet Compliance		
Helmet Use	Tint Compliance		
Eye Protection	Airbag		
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		
Ejected	Ejection Path		
	Trapped/Extricated		
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier		
Hospital	EMS Run #		
	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>								