

6TL0C22XZB  
23-07638

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>23-07638</b>		Investigating Officer/Deputy <b>DEPUTY A. WILCOX</b>	
Crash Date <b>07/18/2023</b>		Crash Time <b>01:12 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>07/18/2023</b>		Time Notified <b>01:16 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"/> 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 CTHA SB 606 FT N OF SIDE RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY</b>	Latitude <b>43.519551456</b>	Longitude <b>-89.738905656</b>
	X Coordinate <b>278642</b>	Y Coordinate <b>4822157.5</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**

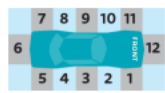
<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>		Operating As Endorsements		
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total 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>ACH2494</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>KM8JU3AC3BU312730</b>	Make <b>HYUNDAI</b>
		Color <b>BRO - BROWN</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>02 - RIGHT SIDE FRONT, 12 - FRONT</b>
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>
		Driver Prior Action Other	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
01	UNIT	Owner Name	Owner Address
01	UNIT	<b>Policy Holder</b>	
		Insurance Company <b>PROASSURANCE-CASUALTY-CO</b>	Individual <b>MICHAEL GENIS</b>
		<b>Individual</b>	
01	UNIT	Driver <b>MICHAEL GENIS</b> <b>(608) 448-8230</b>	Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Date of Birth
			Race <b>WHITE</b>
	Address <b>325 LYNN ST APT 416</b> <b>BARABOO, WI 53913 , US</b>	Driver License Number	
01	UNIT	<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
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
			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>									