

6TL0DQPGFL
23-09487

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 23-09487	Investigating Officer/Deputy DEPUTY B. SONN	
Crash Date 08/30/2023		Crash Time 08:52 PM	Date Arrived 08/30/2023	Time Arrived 09:13 PM	
Date Notified 08/30/2023		Time Notified 08:52 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 DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
		Photos By 9104
		Additional Information PHOTOS, DASH CAMERA VIDEO, BODY CAMERA VIDEO

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

RESPONDED TO E3334 CTY TK N, FOR A CAR VS BULL TRAFFIC CRASH. ARRIVED ON SCENE AND MET WITH THE OCCUPANTS FROM UNIT 1. INDIVIDUAL 1 ADVISED HE WAS TRAVELING AT APPROXIMATELY 45 MPH WHEN HE OBSERVED THE DARK COLORED BULL IN THE ROADWAY. INDIVIDUAL 1 STATED HE APPLIED THE BRAKES AND STRUCK THE BULL. INDIVIDUAL 1 STATED THE BULL DID NOT TIP OVER, BUT DID RECEIVE SOME INJURIES. INDIVIDUAL 1 AND INDIVIDUAL 2 WERE WEARING THEIR SHOULDER LAP BELTS. INDIVIDUAL 1 AND INDIVIDUAL 2 REPORTED NO INJURIES AND DID NOT REQUIRE EMS TO RESPOND. BULL WAS LOCATED AT THE RESIDENCE. CONTACT EVENTUALLY MADE AND WAS ADVISED OF WHO OWNED THE BULL. CONTACT WAS MADE WITH THE OWNER, WHO RESPONDED TO THE SCENE AND DISPATCHED HIS BULL DUE TO A BROKEN LEG AND OTHER INJURIES SUSTAINED. WEGNER'S TOWING RESPONDED AND REMOVED UNIT 1. ALL PERSONS WERE PROVIDED WITH AN ACCIDENT REPORT SLIP. DEBRIS WAS REMOVED BY WEGNER'S AND DEPUTY. PHOTOGRAPHS, BWC, AND DASH CAMERA VIDEO TAKEN & ATTACHED TO CASE.

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Location

ON CTHN EB 1147 FT E OF GARVEY RD IN THE TOWN OF BEAR CREEK IN SAUK COUNTY	Latitude 43.329004409	Longitude -90.153992929
	X Coordinate 244291.40625	Y Coordinate 4802183
	Structure Type	

Crash Scene

First Harmful Event DOMESTICATED ANIMAL - ALIVE	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) ANIMAL (S) IN ROADWAY		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With DOMESTICATED ANIMAL - ALIVE	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number TP1049	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FT7X2B69CEB36397	Make FORD	Year 2012	Model F250 SUPER
	Color WHI - WHITE	Body Style OT - OTHER		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage DISABLING DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By WEGNER'S TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors UNKNOWN	
	Driver Prior Action Other			
	Driver Actions LOOKED BUT DID NOT SEE			
01	01	Owner Name DAVID MITCHELL (608) 444-0114		Owner Address 418 13TH ST BARABOO, WI 53913 , US
Sequence Of Events				
	01	Event DOMESTICATED ANIMAL - ALIVE		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		Individual DAVID MITCHELL	
UNIT INDIVIDUAL	Individual			
	Driver JOSEPH SINKAUSKAS (608) 373-1981		Citations Issued 0	Sex MALE
	Address N7037 MAYNARD DR WESTFIELD, WI 53964 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 001	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition APPEARED NORMAL					
		Individual					
		Passenger JENNIFER PRICE (608) 403-7051			Citations Issued 0	Sex FEMALE	
		Date of Birth			Race WHITE		
Address 2240 MAPLE DR FRIENDSHIP, WI 53934 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
01	002	Safety Equipment		On Duty Crash			
		Safety Equipment SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
Distracted By		Distracted By Source					
Distracted By Action							
Non Motorist		Striking Unit #	Location				

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UNIT INDIVIDUAL 01 002	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		

Property Owner

PROP OWNER 01	Individual BENJAMIN DREA (608) 475-1580	Address E3762 COUNTY ROAD N PLAIN, WI 53577 , US
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Fixed Objects Struck

01	Striking Unit 01	Struck Object DOMESTICATED ANIMAL - ALIVE	Structure Number	Damage Tag Number
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