6TL0F68VN4 23-11971

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		Agency Crash Number 23-11971				Investigating Officer/Deputy SERGEANT T. CLAUER			
0F68VN4	Crash Date 11/04/2023	Crash Time 07:00 PM		Date Arrived		Tim	Time Arrived				
	Date Notified 11/04/2023	Time Notified 07:10 PM		Total Units 01		Total		al Injured	Total Killed 00		
-0F	On Emergency Hi	t and Run	Lane Closu			rk Zone		Trailer or T	owed	Report Thresh	
6TL	Government Property	nool Zone	School Bus Related NO			Tag	Tags				
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			Amended				Secon Cras		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
ì	Location										
Ī	ON STH23 WB					Latitude			Longitud	le .	
	82 FT E					43.532919168			-89.916706595		
	OF ABLEMAN RD										
	IN THE TOWN OF EXCELSION SAUK COUNTY)R				X Coordinate 264323.59375				Y Coordinate 4824131	
	IN SAUK COUNTY					Structure Type					
L						NO STR	UCTURE				
	Crash Scene										
Ī	First Harmful Event					First Harm	nful Event L	ocation.			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
ı	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSF	ORT								
ŀ	Road Surface Condition(s)					Roadway	Factor(s)				
	· · ·					,	. ,				
	Environment Factor(s)										
	Livionnent actor(s)										
	Weather Condition(s)					-					
	Trouble Continuing)										
ŀ	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
ŀ	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION Access Control Special Study					
	Acce									Special Study	
i	Unit Summary ————————————————————————————————————										
—ì	Unit Status		Veh	icle Operat	ina As C	lassification		Unit Type			
				LASS	3			AUTOMOBILE			
ŀ	Vehicle Type					Operating As Endorsements					
0	(SPORT) UTILITY VEHICLE							Operating /	AS ENGOISEI	nents	
	Total Occs Train/Bus # Recorded Total # Citations Issue						Total Trai	ilore	ers Total HazMat Types		
	1	Tall II Duo II Teodided		0		0		0		wat Typos	
ŀ	Insurance?	Direction Of Travel		Pre CrashTir			Speed Lir		mit Total Lane		
<u></u> □	YES WESTBOUND			Mark							
LIND	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCT			TION		Emergency Motor Vehicle Use NOT APPLICABLE		
ļ	NON DOMESTICATED ANIMAL (ALIVE)										
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
Ì	Surface Type			Road Curvature				Road Grade			

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Crash Date 11/04/2023

Crash Time 07:00 PM

	Truc	k Bus or HazMat					· , ,				
	,	Vehicle									
		License Plate Number		Plate Type St Country of Issuance							
10		AEF1933		AUT - AUTOMOBILE	wı	UNITED STATES					
		Vehicle Identification Number		Make	Year	Model					
	2	1FMJK2AT5FEF48473		FORD	2015	EPD					
_		Color		Body Style	2010	Bus Use					
		BLU - BLUE		4D - 4DR		Bus 630					
ŀ	ш	Initial Contact Point		Vehicle Damage							
TIND	VEHICLE	12 - FRONT		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT							
		Extent Of Damage									
_ ر		DISABLING DAMAGE									
		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABLI	NG DAMAGE	SHIELDS TOWING							
		What Driver Was Doing		Vehicle Factors							
		Driver Prior Action Other									
		Driver Actions									
	щ	NO CONTRIBUTING ACTION									
I≡	5										
L	VEHICLE										
	7										
		Owner Name		Owner Address							
2	2										
•	0										
╘		Policy Holder									
LNO		Insurance Company	TV INC 00	Individual							
_		PROGRESSIVE-CASUALTY-INS-CO KYLE HUBELE									
		Individual									
		Driver KYLE HUBELE		Citations Issued							
	7	(608) 235-0635		0	MALE	<u>:</u>					
	Ž	(000) 200 0000		Date of Birth	Race WHITE						
≒	DIVIDUAL	A 1.1									
L N S	\leq	Address 446 MAIN ST UNION CENTER, WI 53962 , US		Driver License Number							
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES							
ŀ		On Duty	On Duty Crash		Safety Equipment						
	Sa	fety Equipment	outer, Equipment								
		Row	Seat Position	SHOULDER & LAP	BELT						
		Ttow	ocat i osition								
		Helmet Use	elmet Use		Helmet Compliance						
l		Eye Protection		Tint Compliance							
2	001	Injury Severity NO APPARENT INJURY Ejected Ejection Path		Airbag							
	0										
				Trapped/Extricated							
		Medical Transport		EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED		Livio Agency Identifier		EIVIO KUN #					
		Hospital		Date of Death		Time of Death					
				24.5 5. 254411		S. Bouil					

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ı			D:-ttd D C					
		Distracted By	Distracted By Source					
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	INDIVIDUAL							
LNO	<u>ا</u>							
5	≥							
	9							
	=							
		Action Other						To/From School
	L	Orug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results			
10	001	Drug Type				<u> </u>		
	0							
		Individual Condition						
		APPEARED NORM	//AL					