

6TL0FB0008

23-13083

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 23-13083, Investigating Officer/Deputy DEPUTY W. NEUBAUER, Crash Date 12/06/2023, Crash Time 04:30 PM, Date Arrived, Time Arrived, Date Notified 12/06/2023, Time Notified 04:34 PM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY, Amended, Secondary Crash

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

Location

ON CTHH EB 0.26 MI E OF NORTH AVE IN THE TOWN OF DELLONA IN SAUK COUNTY, Latitude 43.614070642, Longitude -89.873179994, X Coordinate 268152.625, Y Coordinate 4833021.5, Structure Type

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE), First Harmful Event Location ON ROADWAY, Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type DEER, Relation To Trafficway TRAFFICWAY - ON ROAD, Crash Classification - Location PUBLIC PROPERTY, Crash Classification - Jurisdiction NO SPECIAL JURISDICTION, Tribal Land, Access Control, Special Study

Unit Summary

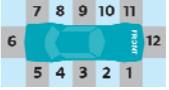
Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type (SPORT) UTILITY VEHICLE, Operating As Endorsements, Total Occs 2, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel EASTBOUND, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE), Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade

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		Truck Bus or HazMat					
01	UNIT	01	VEHICLE	<b>Vehicle</b>			
				License Plate Number <b>964YBC</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>1FMCU0GX3GUC59195</b>	Make <b>FORD</b>	Year <b>2016</b>	Model <b>ESCAPE</b>
				Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
				Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage <b>08 - LEFT SIDE REAR, 10 - LEFT SIDE FRONT</b>		
				Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
				Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
				What Driver Was Doing	Vehicle Factors		
				Driver Prior Action Other			
				01	UNIT	01	VEHICLE
Owner Name	Owner Address						
<b>Policy Holder</b>							
01	UNIT	01	INDIVIDUAL	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>	Individual <b>SCOTT KINDSCHI</b>		
				<b>Individual</b>			
				Driver <b>SCOTT KINDSCHI (608) 432-1779</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
01	UNIT	001	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>		
				Address <b>E9108 HOLLY CIR # 2 WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
				<b>Safety Equipment</b>			
01	UNIT	001	INDIVIDUAL	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					

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<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	
	<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				
<b>01</b>	<b>001</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			