

6TL0D6N05H  
24-02876

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>24-02876</b>		Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>03/23/2024</b>		Crash Time <b>02:18 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>03/23/2024</b>		Time Notified <b>02:18 PM</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 STH23 EB 0.36 MI N OF CTHS EB IN THE TOWN OF REEDSBURG IN SAUK COUNTY</b>	Latitude <b>43.505963201</b>	Longitude <b>-90.018406208</b>
	X Coordinate <b>255996.953125</b>	Y Coordinate <b>4821430.5</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>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>5</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	
UNIT 01	VEHICLE	<b>Vehicle</b>	
		License Plate Number <b>AJU3911</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>5FNYP6H55LB042691</b>	Make <b>HONDA</b>
		Color <b>GRY - GRAY</b>	Year <b>2020</b>
		Initial Contact Point <b>12 - FRONT</b>	Model <b>PILOT</b>
		Extent Of Damage <b>DISABLING DAMAGE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Bus Use
		What Driver Was Doing	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>
		Driver Prior Action Other	Vehicle Removed By <b>STEVES AUTO SERVICE</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Factors
Owner Name	Owner Address		
UNIT 01	INDIVIDUAL	<b>Policy Holder</b>	
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>DAVID MCMAHON</b>
		Driver <b>DAVID MCMAHON (715) 315-8444</b>	Citations Issued <b>0</b>
		Date of Birth	Sex <b>MALE</b>
	Address <b>2811 BLUEBERRY LN WISCONSIN RAPIDS, WI 54494 , US</b>	Driver License Number	Race <b>WHITE</b>
UNIT 01	001	<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
		Injury <b>NO APPARENT INJURY</b>	Injury Severity
		Ejected	Ejection Path
		Medical Transport <b>NOT TRANSPORTED</b>	Airbag
Hospital	Trapped/Extricated		
	EMS Agency Identifier		
	EMS Run #		
	Date of Death		
	Time of Death		



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<b>UNIT</b>	<b>Distracted By</b>	Distracted By Source			
		Distracted By Action			
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use	
			<b>NO</b>	<b>NO</b>	
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Results	
		<b>TEST NOT GIVEN</b>			
Drug Test Given	Drug Test Type	Drug Test Results			
<b>TEST NOT GIVEN</b>					
<b>01</b>	<b>001</b>	Drug Type			
		Individual Condition			
		<b>APPEARED NORMAL</b>			