6TL0DKRB1S 24-03483

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Do	ocument #	Agency Crash Number 24-03483		mber	Investigating Officer/Deputy DEPUTY R. BARNES				
ဟ	Crash Date	Crash Time		Date Arrived		Time		e Arrived			
7	04/08/2024 Crash Time 08:07 PM			Jano, II							
2	Date Notified Time Notified			Total U	nits		Tota	l Injured	Total Killed	lled	
DKRB	04/08/2024	08:07 PM		01	ı		00		00		
0D	On Emergency	it and Run	and Run Lane Close		sure Work Zone			Trailer or Towed		Reporting Threshold	
6TL0	Government Active School Zon			School Bus Related NO			Tags	Tags			
	Reportable	ICATED ANIM	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.										
ì	ocation										
Ī	ON USH12 EB					Latitude Longitude					
	0.47 MI N						43.452283917			3210083	
	OF S GASSER RD			•							
	IN THE TOWN OF BARABOO	0				X Coordinate				Y Coordinate 4814791.5	
	IN SAUK COUNTY					275215.78125 4814791.5					
						Structure	Туре				
. I	Crash Scene										
,						T =					
	First Harmful Event						nful Event Lo	ocation			
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA					
	Manner of Collision					Light Con	dition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSP	ORT								
ı	Road Surface Condition(s)					Roadway	Factor(s)				
ı	Environment Factor(s)										
	Weather Condition(s)										
ļ											
	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction					
						NO SPE	CIAL JUR	ISDICTION			
	Tribal Land				Access Control Special Study						
Į											
Į	Unit Summary										
	Unit Status Vehicle			ehicle Operating As Classification		1	Unit Type				
	IN TRANSIT			D CLASS				AUTOMOBILE			
_	Vehicle Type				Operating As Endorsements						
0	PASSENGER CAR										
ŀ	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Tra		railers Total Ha		Mat Types	
LINO	1		0			0		0		•	
		Direction Of Travel								es	
		SOUTHBOUND		Pre CrashTire		e Speed Lii		i otal Lailes			
				Special Function				Emergency Motor Vehicle Use		cle Use	
5				NO SPECIAL FUNCTION			TION		NOT APPLICABLE		
ļ	NON DOMESTICATED ANIMAL (ALIVE)										
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing			uve/ivlissing	
ŀ	Surface Type			Road Curvature				Road Grade			
				Noau Curvature				. 1000 01000			

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	Truc	k Bus or HazMat							
	,	Vehicle							
		License Plate Number AEG8222	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
6	VEHICLE 01	Vehicle Identification Number 1NXBR32E07Z795414	Make TOYOTA	Year 2007	Model CORROLA				
		Color RED - RED	Body Style 4D - 4DR						
UNIT		Initial Contact Point 00 - NON-COLLISION Extent Of Damage DISABLING DAMAGE	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT C 7 8 9 10 11 6 7 8 9 10 11 5 4 3 2 1						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
LINI	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
		Owner Name	Owner Address						
2	6								
╘		Policy Holder							
LIND		Insurance Company PEKIN-INS-CO	Individual KEVIN BAUMAN						
	INDIVIDUAL	Individual Driver							
		KEVIN BAUMAN	Citations Issued 0	stions Issued Sex MALE					
_		(608) 228-9566	Date of Birth	Race WHITE					
LINO		Address 1602 KENT CT SAUK CITY, WI 53583 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment					
		Row Seat Position	SHOULDER & LAP BELT						
	001	Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
5		Injury Severity NO APPARENT INJURY	Airbag						
		Ejected Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #				
		Hospital	Date of Death		Time of Death				

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Crash Date 04/08/2024

Crash Time 08:07 PM

		Distracted By	Distracted By Source	•					
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	UAL								
LNO	INDIVIDUAL								
	N								
		A -4: O4b						Ta/Facus Cabasi	
		Action Other						To/From School	
	ı	Drug & Alcohol NO			Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN Alcohol Test Type			Alcohol Test Result				
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Result		;		
10	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							