## **6TL0D7W16Z** 24-04381

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Docume		Agency Crash Nu 24-04381		DEP		restigating Officer/Deputy EPUTY K. MUELLER			
<b>Z</b> 91	Crash Date <b>05/01/2024</b>	Crash Time 08:48 PM	L	Date Arrived		Time		e Arrived			
5	Date Notified	Time Notified	Т	otal Uni	ts		Tota	Injured	Total Killed	i	
7	05/01/2024	08:48 PM	0	01		00		00		1	
.0D7W1	On Emergency Hit and Run Lane		ane Closure	Closure		rk Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Active School Zone			School Bus Related NO			Tags	Tags			
	Reportable	ED ANIMAL	NIMAL W/ NO INJURY				Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
Ī	ON STH23 WB					Latitude Longitude					
	0.33 MI E					43.54744	17444	-89.88042			
	OF SIMPSON RD					X Coordin		Y Coordinate			
	IN THE TOWN OF EXCELSION	)R		-			ลเe I375	482564			
	IN SAUK COUNTY								402304	• <u> </u>	
							Structure Type				
Į						NO STR	UCTURE				
	Crash Scene										
1	First Harmful Event	Firet Harm	ful Event Lo	ocation							
	NON DOMESTICATED ANIMAL (ALIVE)					First Harmful Event Location ON ROADWAY					
		AL (ALIVE)									
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT									
	Road Surface Condition(s)					Roadway	Factor(s)				
ŀ	Environment Factor(s)										
	Environment Factor(s)										
ŀ	Weather Condition(s)										
	weather Condition(s)										
ı	Animal Type	nal Type					Relation To Trafficway				
	DEER					TRAFFICWAY - ON ROAD					
ŀ	Crash Classification - Location			Crast			Crash Classification - Jurisdiction				
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
ŀ	Tribal Land								Special Study		
	Tribai Land						Access Control			Special Study	
L											
Į.	Unit Summary 💳										
	Unit Status Vehicle			ehicle Operating As Classification				Unit Type			
	IN TRANSIT			D CLASS					AUTOMOBILE		
_	Vehicle Type					Operating As Endorsements					
0	PASSENGER VAN										
l	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Tr		railers Total F		Mat Types	
	5		0			0		0			
ŀ		Direction Of Travel		Pre CrashTire		0 11:				es	
ا ہے		WESTBOUND	Pre Crash i ire			'   ' -···					
LIND				Special Function					Emergency Motor Vehicle Use		
5				NO SPECIAL FUNC			TION		NOT APPLICABLE		
ļ	HON DOMESTICATED AMINAL (ALIVE)										
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
ļ	Surface Time								Dead Code		
	Surface Type			Curvatur	е			Road Grade			

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	Truc	k Bus or HazMat					. ,		
	,	Vehicle							
10		License Plate Number ACC5280		Plate Type  AUT - AUTOMOBILE  Make	St WI Year	Country of Issuance UNITED STATES			
	2	Vehicle Identification Number KNDNB4H32N6157376		KIA MOTORS CORPOR		Model  CARNIVAL			
		Color BLK - BLACK		Body Style VN - VAN Bus Use					
LINI	VEHICLE	Initial Contact Point  12 - FRONT  Extent Of Damage  DISABLING DAMAGE		Vehicle Damage  01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT  5 4 3 2 1					
		Towed Due To Damage TOWED DUE TO DISABLING	G DAMAGE	Vehicle Removed By STEVES AUTO SERVICE					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
10	5	Owner Name		Owner Address					
⊨		Policy Holder							
UNIT		Insurance Company USAA-GENERAL-INDEMNIT	Y-CO	Individual MICHAEL MC SHANE					
	_	Individual							
		Driver MICHAEL MC SHANE			Sex <b>MALE</b>				
_		(608) 852-6549		Date of Birth	Race WHITE				
UNIT	DIVIDUA	Address		Driver License Number					
	Z	2215 SUNSET DR REEDSBURG, WI 53959 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Cr fety Equipment	Safety Equipment						
		Row Seat Position		SHOULDER & LAP BELT					
	100	Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
10		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 05/01/2024

Crash Time 08:48 PM

	Distracted By	Distracted By Source	•					
	Distracted By Action							
•	Non Motorist	Striking Unit #	Location					
	Prior Action							
	Action							
UAL								
IVID								
N N								
	Action Other						To/From School	
							Ton Toni Galleer	
L	Drug & Alcohol NO			NO				
	Alcohol Test Given TEST NOT GIVEN Alcohol Test Typ					Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Result		;		
001	Drug Type		<u> </u>		<u> </u>			
	Individual Condition							
APPEARED NORMAL								
		Prior Action  Action  Action Other  Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN Drug Type  Individual Condition	Distracted By  Distracted By Action  Non Motorist  Prior Action  Action  Action  Action  Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN  Drug Type  Individual Condition	Distracted By  Distracted By Action  Striking Unit # Location  Prior Action  Action  Action  Action  Suspected Alcohol Use NO  Alcohol Test Given TEST NOT GIVEN  Drug Type  Individual Condition	Distracted By Distracted By Action  Non Motorist  Prior Action  Action  Action  Action  Suspected Alcohol Use NO  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition	Distracted By Action  Non Motorist  Prior Action  Action  Action Other  Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN Drug Type  Individual Condition  Drug Type  Drug Type  Striking Unit #  Location  Striking Unit #  Location  Suspected Drug Use NO  Alcohol Test Type Drug Test Given Test NOT GIVEN Drug Type  Individual Condition	Distracted By  Action  Prior Action  Action  Action Other  Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition  Drug Type  Drug Test Grove Individual Condition	