

6TL0BNZLX1  
18-03341

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0BNZLX1

|  |                                      |   |                                    |   |  |  |                           |
|--|--------------------------------------|---|------------------------------------|---|--|--|---------------------------|
| Document Number Override                       |                                      | Primary Crash Document #                                  |                                    | Agency Crash Number<br><b>18-03341</b>    |  | Investigating Officer/Deputy<br><b>DEPUTY A. BREUNIG</b> |                           |
| Crash Date<br><b>04/02/2018</b>                |                                      | Crash Time<br><b>11:39 AM</b>                             |                                    | Date Arrived                              |  | Time Arrived   |                           |
| Date Notified<br><b>04/02/2018</b>             |                                      | Time Notified<br><b>11:41 AM</b>                          |                                    | Total Units<br><b>01</b>                  |  | Total Injured<br><b>00</b>                               | Total Killed<br><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"/> Trailer or Towed |  | <input type="checkbox"/> Reporting Threshold             |                           |
| <input type="checkbox"/> Government Property   |                                      | <input type="checkbox"/> Active School Zone               |                                    | School Bus Related<br><b>NO</b>           |  | Tags   |                           |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b> |                                    | <input type="checkbox"/> Amended          |  | <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 WB<br/>0.38 MI S<br/>OF FELDMAN DR<br/>IN THE TOWN OF WESTFIELD<br/>IN SAUK COUNTY</b> | Latitude<br><b>43.400611902</b>    | Longitude<br><b>-90.033717049</b> |
|  | X Coordinate<br><b>254332.6875</b> | Y Coordinate<br><b>4809774.5</b>  |
|  | Structure Type                     |                                   |

Crash Scene

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

Unit Summary

|            |  |  |   |                            |  |  |
|------------|--|--|---|----------------------------|--|--|
| UNIT<br>01 | Unit Status<br><b>IN TRANSIT</b>   |  | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|            | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>                               |  |   |                            | Operating As Endorsements                            |  |
|            | Total Occs<br><b>5</b>   | Train/Bus # Injured                      | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|            | Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>SOUTHBOUND</b> | <input type="checkbox"/> Pre Crash Tire Mark          | Speed Limit                | Total Lanes  |  |
|            | Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b> |  | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|            | Traffic Way  |  | Traffic Control                                       |                            | Traffic Control Inoperative/Missing                  |  |
|            | Surface Type   |  | Road Curvature  |                            | Road Grade   |  |

6TL0BNZLX1  
18-03341

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

|  |                  |   |  |
|--|------------------|---|--|
|  |                  | Truck Bus or HazMat<br><b>NO</b>  |  |
| UNIT<br>01                                   | VEHICLE<br>01    | <b>Vehicle</b>  |  |
|  |                  | License Plate Number<br><b>755NAB</b>                                   | Plate Type<br><b>AUT - AUTOMOBILE</b>  |
|  |                  | Vehicle Identification Number<br><b>3GYFK66N85G220641</b>               | Make<br><b>CADILLAC</b>  |
|  |                  | Color<br><b>WHI - WHITE</b>   | Year<br><b>2005</b>  |
|  |                  | Initial Contact Point<br><b>12--FRONT</b>                               | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b>                              |
|  |                  | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                            | Country of Issuance<br><b>UNITED STATES</b>                                  |
|  |                  | Towed Due To Damage<br><b>NOT TOWED</b>                                 | Model<br><b>ESCALADE E</b>   |
|  |                  | What Driver Was Doing   | Bus Use<br><b>NOT A BUS</b>  |
|  |                  | Driver Prior Action Other   | Vehicle Damage<br><b>3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 12--FRONT</b> |
|  |                  | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                         | Vehicle Removed By<br><b>OWNER</b>   |
| Driver Distractions<br><b>NOT DISTRACTED</b> | Vehicle Factors  |   |  |
| Owner Name                                   | Owner Address    |   |  |
| UNIT<br>01                                   | VEHICLE<br>01    | <b>Policy Holder</b>  |  |
|  |                  | Insurance Company<br><b>PROGRESSIVE-CLASSIC-INS-CO</b>                  | Individual<br><b>DUANE ROGERS</b>  |
|  |                  | <b>Individual</b>   |  |
|  |                  | Driver<br><b>DUANE ROGERS<br/>(608) 412-2986</b>                        | Citations Issued<br><b>0</b>   |
| UNIT<br>01                                   | INDIVIDUAL<br>01 | Date of Birth   | Sex<br><b>MALE</b>   |
|  |                  | Address<br><b>320 N DOUSMAN ST<br/>PRAIRIE DU CHIEN, WI 53821 , US</b>  | Race<br><b>WHITE</b>   |
|  |                  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |
|  |                  | <b>Equipment</b>  | On Duty Crash  |
| Seat Position                                |                  |   |  |
| Helmet Use                                   |                  | Helmet Compliance   |  |
| Eye Protection                               |                  | Tint Compliance   |  |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|  |     |   |  |                       |                                 |                |
|--|-----|---|--|-----------------------|---------------------------------|----------------|
| 01   | 001 |   |  |                       |                                 |                |
|  |     | <b>Injury</b>                               | Injury Severity<br><b>NO APPARENT INJURY</b> | Airbag                |                                 |                |
|  |     | Ejected                                     |  | Ejection Path         | Trapped/Extricated              |                |
|  |     | Medical Transport<br><b>NOT TRANSPORTED</b> |  | EMS Agency Identifier | EMS Run #                       |                |
|  |     | Hospital                                    |  | Date of Death         | Time of Death                   |                |
|  |     | <b>Non Motorist</b>                         | Striking Unit #                              | Prior Action          | Location                        | To/From School |
|  |     | Action                                      |  |                       |                                 |                |
|  |     | Action Other                                |  |                       |                                 |                |
|  |     | <b>Drug &amp; Alcohol</b>                   | Suspected Alcohol Use<br><b>NO</b>           |                       | Suspected Drug Use<br><b>NO</b> |                |
|  |     | Alcohol Test Given<br><b>TEST NOT GIVEN</b> |  | Alcohol Test Type     | Alcohol Test Results            |                |
|  |     | Drug Test Given<br><b>TEST NOT GIVEN</b>    |  | Drug Test Type        | Drug Test Results               |                |
|  |     | 01  | 001  | Drug Type             |                                 |                |
| Individual Condition<br><b>APPEARED NORMAL</b> |     |   |  |                       |                                 |                |
|  |     |   |  |                       |                                 |                |