

6TL09T1TM4  
18-05330

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>18-05330</b>	Investigating Officer/Deputy <b>DEPUTY J. BODDEN</b>	
Crash Date <b>05/25/2018</b>		Crash Time <b>02:40 AM</b>	Date Arrived	Time Arrived	
Date Notified <b>05/25/2018</b>		Time Notified <b>02:46 AM</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"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <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 STH33 EB 0.41 MI E OF ROCKY POINT RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY</b>	Latitude <b>43.474369322</b>	Longitude <b>-89.687234211</b>
	X Coordinate <b>282656.125</b>	Y Coordinate <b>4817003</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>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>A CLASS</b>	Unit Type <b>TRUCK</b>			
	Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Injured	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>EASTBOUND</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 <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>					
UNIT 01	VEHICLE 01	<b>Vehicle</b>			
		License Plate Number <b>2376648</b>	Plate Type <b>TOR - TRACTOR</b>	St <b>IN</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1M1AK06Y25N007327</b>	Make <b>MACK</b>	Year <b>2005</b>	Model <b>TRUCK</b>
		Color <b>WHI - WHITE</b>	Body Style <b>TC - TRACTOR</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>12--FRONT</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			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
Driver Distractions <b>NOT DISTRACTED</b>					
Owner Name	Owner Address				
<b>Policy Holder</b>					
Insurance Company <b>INDIANA-INS-CO</b>		Organization/Company <b>DS SERVICES OF AMERICA INC</b>			
<b>Individual</b>					
UNIT 01	INDIVIDUAL 01	Driver <b>KEVIN ERIC SCHULENBURG (608) 963-0929</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Address <b>542 CLARK ST REEDSBURG, WI 53959 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Equipment</b>	On Duty Crash	Safety Equipment	
		Seat Position	<b>SHOULDER &amp; LAP BELT</b>		
Helmet Use	Helmet Compliance				
Eye Protection		Tint Compliance			

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01	UNIT	INDIVIDUAL	001	Injury		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			
				<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School	
				Action						
				Action Other						
				<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		
01	UNIT	TRUCK	BUS	001	Drug Type					
					Individual Condition <b>APPEARED NORMAL</b>					
					<b>Carrier</b>					
					<input type="checkbox"/> Use Vehicle Owner Same as Carrier		Source			
01	UNIT	TRUCK	BUS	001	Name		Address			
					GVWR	Vehicle Configuration		Cargo Body Type		
					US DOT #	Carrier Type		Permitted Load		
					<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present	
					Measured Height		Measured Length	Measured Width	Measured Weight	