

6TL0BGSFC4  
18-12560

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>18-12560</b>	Investigating Officer/Deputy <b>DEPUTY B. LUBER</b>	
Crash Date <b>11/10/2018</b>		Crash Time <b>11:31 AM</b>	Date Arrived	Time Arrived	
Date Notified <b>11/10/2018</b>		Time Notified <b>11:35 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 STH23 EB 0.61 MI W OF COUNTY LAND FILL LN IN THE TOWN OF EXCELSIOR IN SAUK COUNTY</b>	Latitude <b>43.533530155</b>	Longitude <b>-89.903650655</b>
	X Coordinate <b>265380.96875</b>	Y Coordinate <b>4824162</b>
	Structure Type	

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>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>PASSENGER VAN</b>		Operating As Endorsements			
	Total Occs <b>2</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 NO	
UNIT 01	VEHICLE 01	<b>Vehicle</b>	
		License Plate Number 383RTV	Plate Type AUT - AUTOMOBILE
		Vehicle Identification Number 2C4GP44R25R103010	Make CHRYSLER
		Color RED - RED	Year 2005
		Initial Contact Point 12--FRONT	Country of Issuance UNITED STATES
		Extent Of Damage DISABLING DAMAGE	Model TOWN & AMP
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Body Style VN - VAN
		What Driver Was Doing	Bus Use NOT A BUS
		Driver Prior Action Other	Vehicle Damage 12--FRONT
		Driver Actions NO CONTRIBUTING ACTION	Vehicle Removed By STEVES AUTO SERVICE
UNIT 01	VEHICLE 01	Driver Distractions NOT DISTRACTED	Vehicle Factors
		Owner Name	Owner Address
UNIT 01	INDIVIDUAL 01	<b>Policy Holder</b>	
		Insurance Company TRAVELERS-CASUALTY-&-SURETY-CO	Individual EDWARD BAUER
		<b>Individual</b>	
UNIT 01	INDIVIDUAL 01	Driver EDWARD FREDERICK BAUER (847) 630-3871	Citations Issued 0
		Address S1057 W DUTCH HOLLOW RD WONEWOC, WI 53968 , US	Sex MALE
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	Date of Birth [REDACTED]
		Equipment	Race WHITE
		On Duty Crash	Safety Equipment RESTRAINT USE UNKNOWN
Seat Position		Helmet Compliance	Helmet Use
Eye Protection		Tint Compliance	

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01	001					
		<b>Injury</b>	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	001	Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				