

6TL0BMQKVL

19-01371

# 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>19-01371</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>02/02/2019</b>		Crash Time <b>99:99</b>	Date Arrived <b>02/02/2019</b>	Time Arrived <b>09:35 PM</b>	
Date Notified <b>02/02/2019</b>		Time Notified <b>12:23 PM</b>	Total Units <b>01</b>	Total Injured	Total Killed
<input type="checkbox"/> On Emergency	<input checked="" 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 type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

## Description

Diagram  	Reconstruction By
	Photos By
	Additional Information

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS NORTHBOUND ON CTH A AND STRUCK A DOG. UNIT 1 CONTINUED WITHOUT STOPPING.

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**Location**

ON CTHA NB 332 FT S OF TRAP SHOOT RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.502421834</b>	Longitude <b>-89.738718326</b>
	X Coordinate <b>278594.46875</b>	Y Coordinate <b>4820254.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>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 <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>ICE</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		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 <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

**Unit Summary**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued	Total Trailers <b>0</b>	Total HazMat Types	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>DOMESTICATED ANIMAL - ALIVE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>Vehicle</b>					
	<b>01</b>	License Plate Number		Plate Type	St	Country of Issuance
		Vehicle Identification Number		Make	Year	Model
	<b>VEHICLE</b>	Color		Body Style		Bus Use <b>NOT A BUS</b>
		Initial Contact Point		Vehicle Damage		
Extent Of Damage <b>VEHICLE NOT AT SCENE</b>						

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UNIT VEHICLE	Towed Due To Damage		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>UNKNOWN</b>		
	Driver Actions				
01 01	Owner Name		Owner Address		
			, ,		
<b>Sequence Of Events</b>					
01 02 03 04	Event <b>DOMESTICATED ANIMAL - ALIVE</b>				
	Event				
	Event				
	Event				
<b>Individual</b>					
UNIT INDIVIDUAL	Driver		Citations Issued	Sex	
			Date of Birth	Race	
	Address		Driver License Number		
	, ,				
01 001	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
	Seat Position				
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity	Airbag	
	Ejected	Ejection Path		Trapped/Extricated	
	Medical Transport		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death		
<b>Distracted By</b>		Distracted By Source			
Distracted By Action					
<b>Non Motorist</b>		Striking Unit #	Location		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Prior Action					
		Action					
		Action Other			To/From School		
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use		
		Alcohol Test Given	Alcohol Test Type		Alcohol Test Results		
		Drug Test Given	Drug Test Type		Drug Test Results		
		Drug Type					
		Individual Condition					
		<b>01</b>	<b>001</b>				

### Property Owner

<b>PROP OWNER</b>	<b>01</b>	Individual <b>TYLER D LEATHERBERRY</b> (608) 963-1120	Address <b>S4168 CRAWFORD ST</b> <b>BARABOO, WI 53913 , US</b>
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### Fixed Objects Struck

<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>DOMESTICATED ANIMAL - ALIVE</b>	Structure Number	Damage Tag Number
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