

6TL092T5N1

19-01903

# 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>19-01903</b>	Investigating Officer/Deputy <b>DEPUTY J. KIRKENG</b>	
Crash Date <b>02/15/2019</b>		Crash Time <b>06:30 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>02/15/2019</b>		Time Notified <b>06:30 PM</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 WB 806 FT N OF HACKBARTH RD IN THE TOWN OF REEDSBURG IN SAUK COUNTY</b>	Latitude <b>43.495333797</b>	Longitude <b>-90.013682603</b>
	X Coordinate <b>256336.03125</b>	Y Coordinate <b>4820236</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

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>PASSENGER CAR</b>		Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	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>SOUTHBOUND</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>NO</b>	
01 UNIT VEHICLE	<b>Vehicle</b>		
	License Plate Number <b>AAD5642</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>1G4ZP5SS9HU106882</b>	Make <b>BUICK</b>
	Year <b>2017</b>	Model <b>LACROSSE</b>	Color <b>BLK - BLACK</b>
	Body Style <b>SD - SEDAN</b>	Bus Use <b>NOT A BUS</b>	Initial Contact Point <b>12--FRONT</b>
	Vehicle Damage <b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Prior Action Other		
	01 UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Owner Name		Owner Address	
01 UNIT INDIVIDUAL	<b>Policy Holder</b>		
	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>	Individual <b>BRIAN SCHULZ</b>	
	<b>Individual</b>		
01 UNIT INDIVIDUAL	Driver <b>BRIAN K SCHULZ (608) 393-0651</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>206 S LEXINGTON ST SPRING GREEN, WI 53588 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Seat Position		
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag
01 UNIT INDIVIDUAL	Ejected	Ejection Path	Trapped/Extricated
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death

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<b>UNIT</b>	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<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	
	Drug Type				
<b>01</b>	<b>001</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			