

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL0BGSFDL

Document Number Override		Primary Crash Document #		Agency Crash Number <b>19-07543</b>		Investigating Officer/Deputy <b>DEPUTY B. LUBER</b>	
Crash Date <b>06/23/2019</b>		Crash Time <b>04:38 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>06/23/2019</b>		Time Notified <b>04:42 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 IH90 WB 170 FT W OF RAMP IH90 WB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY</b>	Latitude <b>43.569161817</b>	Longitude <b>-89.77013893</b>
	X Coordinate <b>276301.28125</b>	Y Coordinate <b>4827751</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	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>4</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>WESTBOUND</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	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

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

01	UNIT	VEHICLE	01	License Plate Number <b>ADM5091</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			01	Vehicle Identification Number <b>5TDZK3DC3BS154936</b>	Make <b>TOYOTA</b>	Year <b>2011</b>	Model <b>SIENNA</b>
			01	Color <b>GRY - GRAY</b>	Body Style <b>VN - VAN</b>	Bus Use <b>NOT A BUS</b>	
			01	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>12--FRONT</b>		
			01	Extent Of Damage <b>DISABLING DAMAGE</b>			
			01	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>PLATTS WRECKER</b>		
			01	What Driver Was Doing	Vehicle Factors		
01	UNIT	VEHICLE	01	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
			01	Owner Name	Owner Address		
01	UNIT	INDIVIDUAL	<b>Policy Holder</b>				
			01	Insurance Company <b>MERTZ ROCKY INS COMP.</b>	Individual <b>SHAWN SISLO</b>		
			01	<b>Individual</b>			
01	UNIT	INDIVIDUAL	01	Driver <b>SHAWN MICHAEL SISLO (715) 919-4050</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			01		Date of Birth	Race <b>WHITE</b>	
			01	Address <b>3218 CUMMING AVE SUPERIOR, WI 54880 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
			01	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
01	UNIT	INDIVIDUAL	01	Seat Position			
			01	Helmet Use	Helmet Compliance		
			01	Eye Protection	Tint Compliance		
			01	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag	
			01	Ejected	Ejection Path	Trapped/Extricated	
01	UNIT	INDIVIDUAL	01	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
			01	Hospital	Date of Death	Time of Death	
			01	<b>Distracted By</b>	Distracted By Source		
01	UNIT	INDIVIDUAL	01	Distracted By Action			
			01	<b>Non Motorist</b>	Striking Unit #	Location	

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<b>UNIT</b>	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		
	Individual Condition <b>APPEARED NORMAL</b>		
	<b>01</b>	<b>001</b>	