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19-13785

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 19-13785, Investigating Officer/Deputy DEPUTY I. GALVAN, Crash Date 11/05/2019, Crash Time 11:10 PM, Date Arrived, Time Arrived, Date Notified 11/05/2019, Time Notified 11:12 PM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY, Amended, Secondary Crash

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

Location

ON STH23 WB 374 FT W OF STH136 WB IN THE TOWN OF REEDSBURG IN SAUK COUNTY, Latitude 43.532644443, Longitude -89.9560226, X Coordinate 261145.546875, Y Coordinate 4824212.5, Structure Type

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE), First Harmful Event Location ON ROADWAY, Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type DEER, Relation To Trafficway TRAFFICWAY - ON ROAD, Crash Classification - Location PUBLIC PROPERTY, Crash Classification - Jurisdiction NO SPECIAL JURISDICTION, Tribal Land, Access Control, Special Study

Unit Summary

Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type PASSENGER CAR, Operating As Endorsements, Total Occs 1, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel WESTBOUND, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE), Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade, Truck Bus or HazMat NO

Vehicle

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|    |      |            |                      |  |   |  |   |  |
|----|------|------------|----------------------|--|---|--|---|--|
| 01 | UNIT | VEHICLE    | 01                   | License Plate Number<br><b>705ZXL</b>                        | Plate Type<br><b>AUT - AUTOMOBILE</b>                                   | St<br><b>WI</b>                                    | Country of Issuance<br><b>UNITED STATES</b> |  |
|    |      |            | 01                   | Vehicle Identification Number<br><b>WBAEU33405PR16506</b>    | Make<br><b>BMW</b>  | Year<br><b>2005</b>                                | Model<br><b>325XI</b>                       |  |
|    |      |            | 01                   | Color<br><b>RED - RED</b>                                    | Body Style<br><b>4D - 4DR</b>   | Bus Use<br><b>NOT A BUS</b>                        |   |  |
|    |      |            | 01                   | Initial Contact Point<br><b>12--FRONT</b>                    | Vehicle Damage  |  |   |  |
|    |      |            | 01                   | Extent Of Damage<br><b>DISABLING DAMAGE</b>                  | <b>12--FRONT</b>  |  |   |  |
|    |      |            | 01                   | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>  | Vehicle Removed By<br><b>STEVES AUTO SERVICE</b>                        |  |   |  |
|    |      |            | 01                   | What Driver Was Doing  | Vehicle Factors   |  |   |  |
| 01 | UNIT | VEHICLE    | 01                   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>              |   |  |   |  |
|    |      |            | 01                   | Owner Name   | Owner Address   |  |   |  |
| 01 | UNIT | INDIVIDUAL | <b>Policy Holder</b> |  |   |  |   |  |
|    |      |            | 01                   | Insurance Company<br><b>ESURANCE INSURANCE CO</b>            | Individual<br><b>JAMES MONETTE</b>                                      |  |   |  |
|    |      |            | 01                   | <b>Individual</b>  |   |  |   |  |
| 01 | UNIT | INDIVIDUAL | 01                   | Driver<br><b>JAMES ALBERT MONETTE<br/>(608) 444-9466</b>     | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b>                                 |   |  |
|    |      |            | 01                   |  | Date of Birth   | Race<br><b>WHITE</b>                               |   |  |
|    |      |            | 01                   | Address<br><b>712 E MAIN ST<br/>REEDSBURG, WI 53959 , US</b> | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |   |  |
|    |      |            | 01                   | <b>Safety Equipment</b>                                      | On Duty Crash   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |   |  |
| 01 | UNIT | INDIVIDUAL | 01                   | Seat Position  | <b>SHOULDER &amp; LAP BELT</b>  |  |   |  |
|    |      |            | 01                   | Helmet Use   | Helmet Compliance   |  |   |  |
|    |      |            | 01                   | Eye Protection   | Tint Compliance   |  |   |  |
|    |      |            | 01                   | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Airbag   |   |  |
|    |      |            | 01                   | Ejected  | Ejection Path   | Trapped/Extricated                                 |   |  |
|    |      |            | 01                   | Medical Transport<br><b>NOT TRANSPORTED</b>                  | EMS Agency Identifier   | EMS Run #  |   |  |
|    |      |            | 01                   | Hospital   | Date of Death   | Time of Death                                      |   |  |
| 01 | UNIT | INDIVIDUAL | 01                   | <b>Distracted By</b>   |   |  |   |  |
|    |      |            | 01                   | Distracted By Source   | Distracted By Action  |  |   |  |
| 01 | UNIT | INDIVIDUAL | 01                   | <b>Non Motorist</b>  |   |  |   |  |
|    |      |            | 01                   | 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<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |                      |  |
|             |                   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |            | Alcohol Test Type                  |                                 | Alcohol Test Results |  |
|             |                   | Drug Test Given<br><b>TEST NOT GIVEN</b>       |            | Drug Test Type                     |                                 | Drug Test Results    |  |
|             |                   | Drug Type                                      |            |                                    |                                 |                      |  |
|             |                   | Individual Condition<br><b>APPEARED NORMAL</b> |            |                                    |                                 |                      |  |
|             |                   | <b>01</b>                                      | <b>001</b> |                                    |                                 |                      |  |
|             |                   |  |            |                                    |                                 |                      |  |
|             |                   |  |            |                                    |                                 |                      |  |
|             |                   |  |            |                                    |                                 |                      |  |
|             |                   |  |            |                                    |                                 |                      |  |
|             |                   |  |            |                                    |                                 |                      |  |
|             |                   |  |            |                                    |                                 |                      |  |
|             |                   |  |            |                                    |                                 |                      |  |
|             |                   |  |            |                                    |                                 |                      |  |
|             |                   |  |            |                                    |                                 |                      |  |