

6TL08F2KWZ

19-13996

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 19-13996, Investigating Officer/Deputy DEPUTY T. SUTHERLAND, Crash Date 11/10/2019, Crash Time 10:00 AM, Date Arrived, Time Arrived, Date Notified 11/10/2019, Time Notified 10:07 AM, 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 CTHBD SB 108 FT N OF LOG LODGE CT IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY, Latitude 43.480368853, Longitude -89.76974744, X Coordinate 276004.34375, Y Coordinate 4817888, Structure Type NO STRUCTURE

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 (SPORT) UTILITY VEHICLE, 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 SOUTHBOUND, 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 | License Plate Number 168TKM | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number KNDJT2A67D7530358 | | Make KIA MOTORS CORPORA | Year 2013 | Model SOUL +!/S |
| | Color RED - RED | | Body Style UT - SPORT UTILITY VEHICLE | Bus Use NOT A BUS | |
| | Initial Contact Point 9--LEFT SIDE MIDDLE | | Vehicle Damage | | |
| | Extent Of Damage MINOR DAMAGE | | 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE | | |
| | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | |
| | What Driver Was Doing | | Vehicle Factors | | |
| 01 UNIT VEHICLE | Driver Prior Action Other | | | | |
| | Driver Actions NO CONTRIBUTING ACTION | | | | |
| 01 UNIT VEHICLE | Owner Name | | Owner Address | | |
| | Policy Holder | | | | |
| 01 UNIT VEHICLE | Insurance Company AMERICAN-FAMILY-INS-CO | | Individual JAMES PACER | | |
| | Individual | | | | |
| 01 UNIT INDIVIDUAL | Driver JAMES B PACER (608) 565-2702 | | Citations Issued 0 | Sex MALE | |
| | | | Date of Birth | Race WHITE | |
| | Address W5939 QUAIL DR NEW LISBON, WI 53950 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 01 UNIT INDIVIDUAL | Safety Equipment | | On Duty Crash | | |
| | Seat Position | | Safety Equipment SHOULDER & LAP BELT | | |
| | Helmet Use | | Helmet Compliance | | |
| | Eye Protection | | Tint Compliance | | |
| 01 UNIT INDIVIDUAL | Injury | | Injury Severity NO APPARENT INJURY | | Airbag |
| | Ejected | Ejection Path | | Trapped/Extricated | |
| | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # |
| | Hospital | | Date of Death | | Time of Death |
| | Distracted By | | Distracted By Source | | |
| Distracted By Action | | | | | |
| Non Motorist | | Striking Unit # | | Location | |

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|-------------|--|-------------------|---------------------------------|
| UNIT | Prior Action | | |
| | Action | | |
| | Action Other | | To/From School |
| | Drug & Alcohol | | |
| | Suspected Alcohol Use NO | | Suspected Drug Use NO |
| | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results |
| | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results |
| | Drug Type | | |
| | Individual Condition APPEARED NORMAL | | |
| | 01 | 001 | |