

6TL09B7DBT

19-14091

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 19-14091	Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 11/12/2019		Crash Time 06:25 PM	Date Arrived	Time Arrived	
Date Notified 11/12/2019		Time Notified 06:27 PM	Total Units 01	Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY		<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

ON STH136 WB 292 FT W OF KOHLMAYER RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.477787327	Longitude -89.838006054
	X Coordinate 270474.09375	Y Coordinate 4817787.5
	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	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Train/Bus # Recorded			Operating As Endorsements	
	Total Occs 01	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> 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 226TWN	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1NXBU40EX9Z136475	Make TOYOTA	Year 2009	Model COROLLA
	Color BLU - BLUE	Body Style SD - SEDAN	Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	2--RIGHT SIDE FRONT, 12--FRONT		
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
	What Driver Was Doing	Vehicle Factors		
Driver Prior Action Other				
01 UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name	Owner Address		
01 UNIT POLICY HOLDER	Policy Holder			
	Insurance Company SHEBOYGAN-FALLS-INSURANCE-CO	Individual PETER WOLTER		
	Individual			
01 UNIT INDIVIDUAL	Driver PETER RAYMOND WOLTER (608) 434-3802	Citations Issued 0	Sex MALE	
		Date of Birth	Race WHITE	
	Address S4561 VALLEY CIR NORTH FREEDOM, WI 53951 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
	Seat Position			
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
01 UNIT INJURY	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		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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	