6TL0B655PK 19-14192

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash I	Primary Crash Document #		Agency Crash Number			Investigating Officer/Deputy DEPUTY W. NEUBAUER				
PK	Crash Date 11/15/2019	Crash Time 06:22 PM			Date Arrived		Time	Time Arrived				
0B6551	Date Notified 11/15/2019	Time Notified 06:22 PM	l "		Total Units 01		Tota 00	Total Injured Total Killer 00 00				
-0B(On Emergency	Hit and Run	Lane Close		e Work Zone			Trailer or Towed			Reporting Threshold	
6TL	Government Property Active School Zone School				Bus Relate	ed	Tags	js .				
	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR					Y Amended				Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location											
	ON CTHG NB 812 FT N					Latitude 43.45526	1282		Longitude -90.155354821			_
	OF HARRIS RD IN THE TOWN OF WASHINGTON				X Coordina	ate		Y Coordinate			_	
	IN SAUK COUNTY				244712.046875 4816210 Structure Type					_		
(Crash Scene										_	
1	First Harmful Event					First Harm	ful Event Lo	cation				-
	NON DOMESTICATED A	NON DOMESTICATED ANIMAL (ALIVE)				ON ROADWAY						
			_			Light Cond	illion					
	NO COLLISION W/VEHIO	CLE IN TRANSPOR	T									
	Road Surface Condition(s)					Roadway F	Factor(s)					
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type					Relation To Trafficway						
	DEER					TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY Tribal Load					NO SPECIAL JURISDICTION						
	Tribal Land					Access Control Special Study					i Study	
1	Unit Summary											
	Unit Status		Veh	icle Opera	ating As C	lassification		Unit Type				_
	IN TRANSIT			CLASS				AUTÓMO	BILE			
	Vehicle Type							Operating As Endorsements			_	
0	PASSENGER CAR					gramming of a management						
_	Total Occs Train/Bus # Recorded Total # Citations Issued						Total Trail	ilore Total Hazi		Mot Type	20	_
	2		0	ai # Citatio	0		0			Total HazMat Types 0		
⊨	Insurance? YES	NORTHBOUND			rashTire ⁄lark	asiiiie		d Limit Total Lan		es		
UNIT	Most Harmful Event: Collision With Special Function				Emergency Motor Vehicle Use							
_	NON DOMESTICATED ANIMAL (ALIVE) NO SPECIAL FUNC					TION		NOT APPLICABLE				
	Traffic Way Traffic Control						Traffic Control Inoperative/Missing					
	Surface Type Road Curvature				ıre			Road Grade				
								<u> </u>				
	Truck Bus or HazMat NO											
	Vahiala											

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		License Plate Number		ate Type	St	Country of Issuance			
		T5289F		UT - AUTOMOBILE	WI	UNITED STATES			
5	01	Vehicle Identification Number WBAV1C53FVY24559		ake MW	Year 2015	Model X1			
)	Color		ody Style	2013	Bus Use			
		SIL - SILVER (ALUMINUM)		D - 4DR		NOT A BUS			
	Щ	Initial Contact Point		ehicle Damage					
╘	VEHICLE	12FRONT		12FRONT, UNDERCARRIAGE					
LNO	王	Extent Of Damage							
	7	DISABLING DAMAGE							
		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing		STEVES AUTO SERVICE					
		Trial Divol Was Doing		Vehicle Factors					
		Driver Prior Action Other		-					
		Driver Actions	•						
	LE	NO CONTRIBUTING ACTION							
L	⊒C								
5	VEHICLE								
	>								
		Owner Name		Owner Address					
7	01								
0	0								
		Dalian Haldan	_		_		_		
LNO		Policy Holder Insurance Company		1-4-4-41					
5		AMERICAN-FAMILY-INS-CO		Individual ANTHONY HOWE					
	Individual								
	Ī	Driver	T	Citations Issued Sex					
	INDIVIDUAL	ANTHONY W HOWE		0		MALE			
				Date of Birth		Race			
LNO	/ID			S:		WHITE			
5		Address 43 N BRYAN ST #1		Driver License Number					
	Ξ	MADISON, WI 53714 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Saf	On Duty Crash		Safety Equipment					
	Safety Equipment			CHOW DED & LAB DELT					
		Seat Position		SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		Injury Severity		Airbag					
6	90	Injury NO APPARENT INJURY							
		Ejected Ejection Path				Trapped/Extricated			
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED Hospital		Date of Death		Time of Death			
		Tiospital		Time of Bouil					
		Distracted By Source				I			
		Distracted By							
		Distracted By Action							
Striking Unit # Location									
		Non Motorist							

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Crash Date 11/15/2019

Crash Time 06:22 PM

ı		T=						
		Prior Action						
!		Action						
		Action						
	₹							
l⊨	\geq							
LNO	5							
_	INDIVIDUAL							
	Z							
		Action Other					To/From School	
		Drug & Alcohol NO	cohol Use	Suspected Drug Use NO				
	_	_						
		Alcohol Test Given	Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN						
		Drug Test Given Drug Test Typ TEST NOT GIVEN			Drug Test Results	5		
2	00	Drug Type						
0	ŏ							
		1 1 10 10						
		Individual Condition						
		APPEARED NORMAL						