

6TL0BJ1GK6  
20-05285

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 <b>20-05285</b>		Investigating Officer/Deputy <b>DEPUTY J. MACASKILL</b>	
Crash Date <b>05/30/2020</b>		Crash Time <b>09:30 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>05/30/2020</b>		Time Notified <b>09:31 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 CTHH SB 45 FT N OF N DEWEY AVE IN THE TOWN OF WINFIELD IN SAUK COUNTY</b>	Latitude <b>43.562407129</b>	Longitude <b>-89.972719569</b>
	X Coordinate <b>259914.59375</b>	Y Coordinate <b>4827566.5</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>00 - 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>RACCOON(S)</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 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</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>NORTHBOUND</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>POLICE</b>		Emergency Motor Vehicle Use <b>NON-EMERGENCY, NON-TRANSPORT</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

NO

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		Truck Bus or HazMat	
01 UNIT VEHICLE	<b>Vehicle</b>		
	License Plate Number <b>E6434</b>	Plate Type <b>OFF - MUNICIPAL OFFICI</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>1FM5K8AR4HGA35960</b>	Make <b>FORD</b>
	Year <b>2017</b>	Model <b>EXPLORER</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>
	Color <b>BLK - BLACK</b>	Initial Contact Point <b>12 - FRONT</b>	Bus Use
	Extent Of Damage <b>MINOR DAMAGE</b>	Vehicle Damage <b>12 - FRONT</b>	
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing	Vehicle Factors	
	Driver Prior Action Other		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
Owner Name	Owner Address		
<b>Policy Holder</b>			
Insurance Company <b>LOCAL GOVERNMENT PROPERTY INSURANCE</b>	Government <b>SAUK COUNTY SHERIFF'S OFFICE</b>		
<b>Individual</b>			
Driver <b>WADE C NEUBAUER (608) 355-4495</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
Address <b>WI</b>	Date of Birth	Race <b>WHITE</b>	
	Driver License Number	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>	On Duty Crash <b>POLICE</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Row	Seat Position		
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag	
Ejected	Ejection Path	Trapped/Extricated	
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
Hospital	Date of Death	Time of Death	

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<b>UNIT</b>	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action				
	<b>Non Motorist</b>		Striking Unit #	Location	
	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				
<b>01</b>	<b>001</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			