

6TL0B655Q4  
20-05034

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>20-05034</b>	Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>05/29/2020</b>		Crash Time <b>11:30 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>05/29/2020</b>		Time Notified <b>11:30 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 CTHBD SB 270 FT N OF TERRYTOWN RD IN THE TOWN OF BARABOO IN SAUK COUNTY</b>	Latitude <b>43.486145196</b>	Longitude <b>-89.773847366</b>
	X Coordinate <b>275694.15625</b>	Y Coordinate <b>4818541</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>DEER</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**

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>PASSENGER CAR</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>SOUTHBOUND</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>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</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>534JBX</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>2CNDL23F196235575</b>	Make <b>CHEVROLET</b>
	Year <b>2009</b>	Model <b>EQUINOX LS</b>	Color <b>MAR - MAROON (BURGUNDY)</b>
	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>
	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>		Extent Of Damage <b>FUNCTIONAL DAMAGE</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>WISCONSIN-MUTUAL-INS-CO</b>	Individual <b>TERRY KELLOGG</b>		
<b>Individual</b>			
Driver <b>TERRY G KELLOGG (608) 477-0736</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
Date of Birth	Race <b>WHITE</b>		
Address <b>328 LINN ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash
	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>
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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UNIT	<b>INDIVIDUAL</b>	<b>Distracted By</b>		Distracted By Source		
		Distracted By Action				
	<b>01</b>	<b>001</b>	<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					
Individual Condition <b>APPEARED NORMAL</b>						