

6TL0D0GSFN  
20-05882

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>20-05882</b>		Investigating Officer/Deputy <b>DEPUTY S. FINNEGAN</b>	
Crash Date <b>06/19/2020</b>		Crash Time <b>01:06 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>06/19/2020</b>		Time Notified <b>01:08 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 STH33 EB 173 FT S OF MAN MOUND RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY</b>	Latitude <b>43.4884859</b>	Longitude <b>-89.639548565</b>
	X Coordinate <b>286562.8125</b>	Y Coordinate <b>4818447.5</b>
	Structure Type <b>NO STRUCTURE</b>	

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

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</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>EASTBOUND</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	01	VEHICLE	<b>Vehicle</b>			
				License Plate Number <b>DH18252</b>	Plate Type <b>HTK - HEAVY TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>1FTRS4XM2KKB13862</b>	Make <b>FORD</b>	Year <b>2019</b>	Model <b>TRANSIT</b>
				Color <b>WHI - WHITE</b>	Body Style <b>VN - VAN</b>	Bus Use	
				Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage		
				Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</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			
				01	UNIT	01	VEHICLE
Owner Name	Owner Address						
01	UNIT	01	<b>Policy Holder</b>				
			Insurance Company <b>NATIONAL-UNION-FIRE-INS-CO-OF-PITTSBURG</b>	Organization/Company <b>GARDA CL GREAT LAKES INC</b>			
01	UNIT	001	INDIVIDUAL	<b>Individual</b>			
				Driver <b>JAY PAUL SHULFER (608) 445-9666</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
					Date of Birth	Race <b>WHITE</b>	
				Address <b>4118 VIDON DR MADISON, WI 53704 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	UNIT	001	INDIVIDUAL	<b>Safety Equipment</b>			
				On Duty Crash	Safety Equipment		
				Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>	
				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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UNIT	<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				
01	001	Individual Condition			
		<b>APPEARED NORMAL</b>			