

6TL0D2XVN6

20-06612

# 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>20-06612</b>	Investigating Officer/Deputy <b>DEPUTY B. SCHLOUGH</b>	
Crash Date <b>07/07/2020</b>		Crash Time <b>08:56 AM</b>	Date Arrived	Time Arrived	
Date Notified <b>07/07/2020</b>		Time Notified <b>12:18 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 CTHY EB 0.25 MI E OF PENSORN RD IN THE TOWN OF WOODLAND IN SAUK COUNTY</b>	Latitude <b>43.616118186</b>	Longitude <b>-90.276592484</b>
	X Coordinate <b>235607.125</b>	Y Coordinate <b>4834455.5</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>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>01 UNIT</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>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	<b>Vehicle</b>	
		License Plate Number <b>847MNE</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>1G4HP52K94U195522</b>	Make <b>BUICK</b>
		Color <b>BLU - BLUE</b>	Year <b>2004</b>
		Initial Contact Point <b>12 - FRONT</b>	Country of Issuance <b>UNITED STATES</b>
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	Model <b>LESABRE CU</b>
		Towed Due To Damage <b>NOT TOWED</b>	Body Style <b>4D - 4DR</b>
		What Driver Was Doing	Bus Use
		Driver Prior Action Other	Vehicle Damage <b>12 - FRONT</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Removed By <b>OPERATOR</b>
Owner Name	Vehicle Factors		
Owner Address			
<b>Policy Holder</b>			
Insurance Company <b>GRINNELL-MUTUAL-REINSURANCE-CO</b>	Individual <b>RICHARD BUTLER</b>		
<b>Individual</b>			
Driver <b>RICHARD MICHAEL BUTLER (000) 000-0000 EXT. 00000</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
Address <b>E2404 CRANDALL DR WONEWOC, WI 53968 , US</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	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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CRASH REPORT

UNIT	<b>Distracted By</b>	Distracted By Source			
		Distracted By Action			
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	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	
	01	001	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
Individual Condition <b>APPEARED NORMAL</b>					