

6TL0B7D6T0

20-07949

# 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>20-07949</b>		Investigating Officer/Deputy <b>DEPUTY A. SUKOWATEY</b>	
Crash Date <b>08/10/2020</b>		Crash Time <b>07:44 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>08/10/2020</b>		Time Notified <b>07:46 AM</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

**Location**

<b>ON USH12 EB 93 FT S OF N REEDSBURG RD IN THE TOWN OF DELTON IN SAUK COUNTY</b>		Latitude <b>43.53216884</b>	Longitude <b>-89.7873383</b>	Lat/LongSource <b>TLT/ILT</b>	Access Control
		X Coordinate <b>274774.5</b>	Y Coordinate <b>4823689</b>	On Roadway Link ID# <b>5209843</b>	On Roadway Link Offset <b>1800</b>
		Override <input type="checkbox"/>	Tribal Land		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)		Environment Factor(s)	
Roadway 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</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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 CrashTire Mark		Speed Limit	Total Lanes
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALI</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	
	Truck Bus or HazMat <b>NO</b>					
	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address		Individual Type <b>INDIVIDUAL</b>

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01 UNIT INDIVIDUAL	Last Name <b>NELSON</b>		First Name <b>AARON</b>			Middle Initial <b>DAVID</b>	Suffix
	Street Address <b>107 ARLINGTON AVE</b>			Street Address 2			PO Box
	City <b>MAUSTON</b>		State <b>WI</b>	Zip Code <b>53948</b>		Country of Residence <b>UNITED STATES</b>	
	DOB	Sex <b>M</b>	Race <b>W</b>	Hair <b>BLOND</b>	Eyes <b>BLUE</b>	Height <b>606</b>	Weight <b>305</b> Phone Number <b>(608) 547-1087 EXT.</b>
	Driver's License Number			State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>	
	License Type <b>NON-CDL DRIVER'S LICENSE</b>			License Status <b>VALID LICENSE</b>			DL Expire Year <b>2024</b>
	<b>Equipment</b>	On Duty Accident		Safety Equipment			
	Row	Seat Position		<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use			Helmet Compliance			
	Eye Protection			Tint Compliance			
01 UNIT INDIVIDUAL	<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		
	<b>Non Motorist</b>	Striking Unit #		Location		To/From School	
	Prior Action		Action				
	Distracted By Action						
	Distracted By Source		Action Other				
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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							
License Plate Number <b>LE3729</b>			Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
Vehicle Identification Number <b>1FTFW1EF0EKE51436</b>				Year <b>2014</b>	Make <b>FORD</b>		
Model <b>F150</b>		Body Style <b>PK - PICKUP</b>			Color <b>SIL - SILVER (ALUMINUM)</b>		
Initial Contact Point <b>12 - FRONT</b>							

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01	01	Vehicle Damage	
		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT	
01	VEHICLE	Extent Of Damage <b>DISABLING DAMAGE</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	
		Vehicle Removed By <b>BILLS TOWING</b>	
		What Driver Was Doing	
		Driver Prior Action Other	Bus Use
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		<input type="checkbox"/> Vehicle Owner Same As Operator <input type="checkbox"/> Use Operator Address	
		Organization Type _____ Company Name _____	
		Last Name _____ First Name _____ Middle _____ Suffix _____ Date of Birth _____	
		Street Address _____ Street Address2 _____ PO Box _____	
		City _____ St _____ Zip Code _____ Country of Residence _____	
		Telephone Number _____	
01	HOL	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	
		<input type="checkbox"/> Policy Holder Same As Owner <input checked="" type="checkbox"/> Policy Holder Same As Driver	
		Organization Type <b>INDIVIDUAL</b> Last Name <b>NELSON</b> First Name <b>AARON</b> Policy Holder Company _____	

### Signature

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

### Law Enforcement Agency

Agency Space <b>20-07949</b>				
Officer Rank <b>DEP</b>	Officer Last Name <b>SUKOWATEY</b>	Officer First Name <b>AUSTIN</b>	Officer Middle Name <b>C</b>	Suffix
DOT Officer ID <b>9135</b>		DNR Officer ID	Officer Badge Number <b>9135</b>	
Officer EMail				
Local Agency Number		Law Enforcement Agency Jurisdiction <b>SAUK</b>	Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPARTMENT</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>			Law Enforcement Agency Street Address2	
Law Enforcement Agency City <b>BARABOO</b>		LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>	
Law Enforcement Agency Phone Number <b>(608) 356-4895 EXT.</b>		ORI Number <b>WI0570000</b>	BFUNC Agency <b>5600</b>	TraCS Agency Number <b>205</b>