

6TL0D7W14L
21-08930

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 21-08930		Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 09/18/2021		Crash Time 07:07 PM		Date Arrived 09/18/2021		Time Arrived 07:17 PM	
Date Notified 09/18/2021		Time Notified 07:08 PM		Total Units 01		Total Injured 01	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
		Photos By	
		Additional Information NONE	
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
UNIT 1 WAS DRIVING EAST ON A MOTORCYCLE ON HWY 154 WHEN A DEER RAN OUT IN FRONT OF THE VEHICLE. THE DRIVER WAS UNABLE TO AVOID THE COLLISION AND STRUCK THE DEER.			

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Location

ON STH154 EB 0.28 MI S OF BUCKEYE RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.483503707	Longitude -89.953694265
	X Coordinate 261139.8125	Y Coordinate 4818748
	Structure Type	

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DUSK	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type DEER	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification M CLASS	Unit Type MOTORCYCLE		
	Vehicle Type MOTORCYCLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT 01 VEHICLE 01	License Plate Number 416DS	Plate Type CYC - CYCLE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number JH2RC46113M501165	Make HONDA	Year 2003	Model UNKNOWN
	Color RED - RED	Body Style MC - MOTORCYCLE		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT C		
	Extent Of Damage MINOR DAMAGE			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name TODD A BERNER (607) 036-0849 EXT. 22164		Owner Address 901 MOORE ST LOT 24 BARABOO, WI 53913 , US	
	Sequence Of Events			
01 02 03 04	Event NON DOMESTICATED ANIMAL (ALIVE)			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual AMY LEWISON	
UNIT INDIVIDUAL	Individual			
	Driver AMY CHRISTINE LEWISON (607) 036-0849 EXT. 22164		Citations Issued 0	Sex FEMALE
	Address 901 MOORE ST LOT 24 BARABOO, WI 53913 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Protective Gear JACKET		Helmet Compliance APPROVED	
	Helmet Use FULL-FACE		Tint Compliance YES	
	Eye Protection YES: WINDSHIELD		Airbag NON DEPLOYED	
	Injury		Injury Severity POSSIBLE INJURY	
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED		Medical Transport EMS GROUND	
	EMS Agency Identifier 6001024		EMS Run #	
	Hospital ST CLARE HOSP		Date of Death	
Time of Death		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	01	001				