## 6TL0DKRB1W

24-05989

# WISCONSIN MOTOR VEHICLE CRASH REPORT

#### SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

	Document Number Override Primary Crash Docum		Document #	nt # Agency Crash Number 24-05989				Investigating Officer/Deputy DEPUTY R. BARNES			
1 V	Crash Date 06/09/2024	Crash Time 03:16 AM			Date Arrived		Time	Time Arrived			
6TL0DKRB1W	Date Notified 06/09/2024	Time Notified 03:16 AM			Total Units <b>01</b>		Total In <b>00</b>		Total Killed <b>00</b>		
ODK	On Emergency	On Emergency Hit and Run Lane Closure We			rk Zone		Trailer or 1	Towed Reporting Threshold			
6TL	Government Property Active School Zon			School Bus Related <b>NO</b>			Tage	Tags			
	Reportable	Crash Type NON-DOMES	<sup>ype</sup> OMESTICATED ANIMAL W/ NO INJUR			Y	Amended			Secondary Crash	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
	ON STH33 WB 0.37 MI W					Latitude 43.525649491			Longitude -89.844530283		
	OF MIRROR LAKE RD IN THE TOWN OF EXCELSIOR					X Coordinate 270128.21875			Y Coordinate 4823121.5		
	IN SAUK COUNTY					Structure Type					
(	Crash Scene										
1	First Harmful Event	First Harm	ful Event Lo	ocation							
	NON DOMESTICATED AN	IMAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Conc					
	00 - NO COLLISION W/VE	HICLE IN TRANS	PORT								
	Road Surface Condition(s)					Roadway I	Factor(s)				
	Road Sunace Condition(S)					Roadway I					
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type	Animal Turo					Deletion To Troffin you				
	DEER					Relation To Trafficway TRAFFICWAY - ON ROAD					
	DEER Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
						Access Control Special Study					
l	Unit Summary										
	Unit Status Vehicle Operating As C					lassification		Unit Type			
	IN TRANSIT D CLASS							AUTOMOBILE			
	Vehicle Type								As Endorser	ments	
01	PASSENGER CAR							-1 5			
	Total Occs	Train/Bus # Reco	Train/Bus # Recorded Total # Citations Issu			d Total Trai		rs Total HazMat Types		Mat Types	
	1		0							0	
	Insurance?	Direction Of Trave		Pre CrashTire		0				es	
⊢	YES	WESTBOUND	$\checkmark$	Mark							
UNIT	Most Harmful Event: Collision With			Special Function						Notor Vehicle Use	
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			TION NOT AP		PLICABLE		
	Traffic Way			Traffic Control			Traffic		c Control Inoperative/Missing		
	Surface Type			Road Curvature				Road Grade			

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	Truc	uck Bus or HazMat								
		Vehicle								
		License Plate Number ZIEGGS		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance				
5	0	Vehicle Identification Number 1G4GC5ER5CF181037		Make BUICK	Year <b>2012</b>	Model LACROSSE				
	U	Color		Body Style	2012	Bus Use				
	VEHICLE	BLK - BLACK Initial Contact Point		SD - SEDAN Vehicle Damage	SD - SEDAN					
UNIT		11 - LEFT FRONT CORNER Extent Of Damage		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 05 - RIGHT REAR CORNER, 06 - REAR, 07 -						
-		DISABLING DAMAGE Towed Due To Damage		LEFT REAR CORNER, 10 - LEFT SIDE FRONT, 11 - LE       5 4 3 2 1         Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE		STEVES AUTO SERVICE						
		What Driver Was Doing		Vehicle Factors	Vehicle Factors					
UNIT		Driver Prior Action Other								
	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
5	VEH									
6	01	Owner Name	Name Owner Address							
⊢		Policy Holder								
UNIT		Insurance Company STATE-FARM-GENERAL-IN	IS-CO	Individual JOSHUA ZIEGLER						
		Individual								
	INDIVIDUAL	Driver JOSHUA ZIEGLER		Citations Issued <b>0</b>	Sex MALE					
				Date of Birth	Race WHITE					
UNIT		Address		Driver License Number						
		345 LAUREL ST # 1 REEDSBURG, WI 53959 ,US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	On Duty Crash Safety Equipment			Safety Equipment	Safety Equipment					
	100	Row	Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
2		Injury Severity NO APPARENT INJURY		Airbag						
		Ejected Ejection Path				Trapped/Extricated				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital	Date of Death		Time of Death					

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		Distracted By	Distracted By Source	9						
		Distracted By Action								
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	JAL									
UNIT	VIDL									
ر	INDIVIDUAL									
		Action Other						To/From School		
	L	Suspected Alcohol Use Drug & Alcohol NO			Suspected Drug Use		1			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	l		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results					
0	001	Drug Type								
		Individual Condition								
		APPEARED NORM	/IAL							