

6TL0D1PTQ1  
24-09754

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>24-09754</b>		Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>09/01/2024</b>		Crash Time <b>10:00 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>09/01/2024</b>		Time Notified <b>10:06 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	

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

**Location**

<b>ON FOX HILL RD 326 FT S OF PINE ACRES DR IN THE TOWN OF BARABOO IN SAUK COUNTY</b>	Latitude <b>43.487781993</b>	Longitude <b>-89.764722168</b>
	X Coordinate <b>276438.125</b>	Y Coordinate <b>4818698</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>NON DOMESTICATED ANIMAL (DEAD)</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**

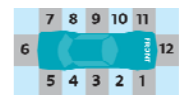
<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</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	

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		Truck Bus or HazMat	
01	UNIT	<b>Vehicle</b>	
		License Plate Number <b>AUH7041</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>JTEBU5JR9L5808308</b>	Make <b>TOYOTA</b>
		Color <b>WHI - WHITE</b>	Year <b>2020</b>
		Initial Contact Point <b>12 - FRONT</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>
		Extent Of Damage <b>MINOR DAMAGE</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>
		Towed Due To Damage <b>NOT TOWED</b>	Bus Use
		What Driver Was Doing	Vehicle Removed By <b>OPERATOR</b>
		Driver Prior Action Other	Vehicle Factors
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Owner Name	Owner Address		
01	UNIT	<b>Policy Holder</b>	
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>WILLIAM CLARY</b>
		<b>Individual</b>	
01	UNIT	Driver <b>WILLIAM CLARY</b>	Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Date of Birth
			Race <b>WHITE</b>
Address <b>E11178 PINE ACRES DR BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	UNIT	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row	Seat Position
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
Ejected		Ejection Path	Airbag
Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated	
Hospital		EMS Agency Identifier	EMS Run #
		Date of Death	Time of Death



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<b>UNIT</b>	<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	
	<b>01</b>	<b>001</b>	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
Individual Condition <b>APPEARED NORMAL</b>					