6TL0D0GSMR

24-10105

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Doc		Document #	Agency Crash Number 24-10105		mber	ber Investigating Officer/Deputy DEPUTY G. AKERS				
SMR	Crash Date 09/09/2024	Crash Time 08:28 PM			Date Arrived		Tim	Time Arrived			
GSI	Date Notified 09/09/2024	Time Notified 08:28 PM		Total Units 01			Total I 00		Total Killed 00		
0D0G	On Emergency			rk Zone		Trailer or Towed Reporting Threshold					
6TL(Government Property Active School Zone			School Bus Related			Tag	Tags			
•	Reportable Crash Type NON-DOMESTICATED A			ANIMAL W/ NO INJURY			Amended		Secondary Crash		
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
	ON STH33 WB 992 FT E					Latitude 43.531619101			Longitude -89.888091289		
	OF COUNTY LAND FILL LN IN THE TOWN OF EXCELSIOR				X Coordinate 266630.875			Y Coordinate 4823906			
	IN SAUK COUNTY					Structure -	-				
(Crash Scene										
1	First Harmful Event						ıful Event L	ocation			
	NON DOMESTICATED A	NIMAL (ALIVE)				ON ROADWAY					
	Manner of Collision	()				Light Condition					
	00 - NO COLLISION W/V	EHICLE IN TRANS	PORT								
	Road Surface Condition(s)				Roadway Factor(s)						
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction					
						NO SPECIAL JURISDICTION					
	Tribal Land					Access Control Special Study					
Ī	Unit Summary										
	Unit Status Vehicle Operating As C					Classification Unit Type					
	IN TRANSIT D CLASS							AUTOMOBILE			
-	Vehicle Type					Operating As Endorsements					
01	PASSENGER CAR										
	Total Occs	Train/Bus # Recor		Total # Citations Issue			Total Trai	lers		Mat Types	
	1 Insurance?	Direction Of Trave	-	0		0 Speed Lin		0 mit Total Land		20	
F	YES	WESTBOUND		Mark			Opeed Li				
UNIT	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE				
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			
	L										

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	muc	Truck Bus or HazMat								
		Vehicle								
		License Plate Number X7519G		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance				
01	0	Vehicle Identification Number WBA7H6C59KG615123		Make BMW	Year 2019	Model M760				
	VEHICLE (Body Style	2019	Bus Use				
		BLK - BLACK		SD - SEDAN			1			
E		Initial Contact Point 12 - FRONT		Vehicle Damage 7 8 9 10 11						
UNIT		Extent Of Damage DISABLING DAMAGE		11 - LEFT FRONT CORNER, 12 - FRONT						
				Vehicle Removed By						
		TOWED DUE TO DISABLIN What Driver Was Doing	CRAIGS TOWING Vehicle Factors	CRAIGS TOWING						
		What Driver Was Doing								
		Driver Prior Action Other								
		Driver Actions NO CONTRIBUTING ACTION								
E	CLE	NO CONTRIBUTING ACTIO								
UNIT	VEHICLE									
	>									
		Owner Name		Owner Address						
5	0									
UNIT	l	Policy Holder		1						
5		Insurance Company RURAL-MUTUAL-INS-CO-(A	ATTN:-CLAIMS-DEPT)	Individual AARON POWELL						
		Individual								
		Driver AARON POWELL	Citations Issued 0	Sex MALE						
		(608) 301-5588	Date of Birth	Race						
UNIT	NDI	Address	Driver License Number							
5	NDIVIDUAL	612 E MAIN ST REEDSBURG, WI 53959 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	-									
	Sat	On Duty C	Safety Equipment							
		Row Seat Position		SHOULDER & LAP BELT						
		Row	Seat Position	SHOULDER & LAP E	BELT					
			Seat Position		BELT					
		Helmet Use	Seat Position	Helmet Compliance	BELT					
			Seat Position		BELT					
01	001	Helmet Use Eye Protection	erity	Helmet Compliance	BELT					
01	001	Helmet Use Eye Protection Injury Seve		Helmet Compliance	BELT	Trapped/Extricated				
01	001	Helmet Use Eye Protection Injury Seve NO APPA Ejected Medical Transport	erity ARENT INJURY	Helmet Compliance	BELT	Trapped/Extricated				
01	001	Helmet Use Eye Protection Injury Seve NO APP	erity ARENT INJURY	Helmet Compliance Tint Compliance Airbag	BELT					

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		Distracted By								
		Distracted By Action								
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	JAL									
UNIT	INDIVIDUAL									
	INDI									
		Action Other						To/From School		
	L	Drug & Alcohol	Suspected Alcohol Us	se	Suspected Drug Use					
		Alcohol Test Given Alcohol Test Type TEST NOT GIVEN		I		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Res		L			
6	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								