

6TL0C9H5NB  
24-12184

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		Investigating Officer/Deputy <b>SERGEANT M. TATE</b>	
Crash Date <b>11/01/2024</b>		Crash Time <b>05:29 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>11/01/2024</b>		Time Notified <b>05:30 PM</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	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							

Location

<b>ON CTHA SB 374 FT S OF TRAP SHOOT RD IN THE TOWN OF BARABOO IN SAUK COUNTY</b>	Latitude <b>43.502308393</b>	Longitude <b>-89.738719256</b>
	X Coordinate <b>278593.96875</b>	Y Coordinate <b>4820242</b>
	Structure Type <b>NO STRUCTURE</b>	

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)	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

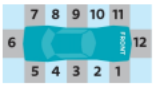
Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</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 (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 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>AUD1902</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>1FADP3K22FL222789</b>	Make <b>FORD</b>	
	Year <b>2015</b>	Model <b>FOCUS</b>	Color <b>SIL - SILVER (ALUMINUM)</b>	
	Body Style <b>HB - HATCHBACK</b>	Bus Use	Initial Contact Point <b>12 - FRONT</b>	
	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>PLATTS WRECKER</b>	
	What Driver Was Doing		Vehicle Factors	
	Driver Prior Action Other			
Driver Actions <b>NO CONTRIBUTING ACTION</b>				
Owner Name		Owner Address		
01 UNIT INDIVIDUAL	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>MICHAEL CONCHA</b>	
	<b>Individual</b>			
Driver <b>MICHAEL CONCHA (608) 477-8896</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
Address <b>411 WHITE SPRUCE AVE BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>	
Driver License Number				
01 UNIT INDIVIDUAL	<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	
	Injury Severity <b>Injury 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

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<b>UNIT</b> <b>INDIVIDUAL</b>       <b>01</b> <b>001</b>	<b>Distracted By</b>	Distracted By Source		
	Distracted By Action			
	<b>Non Motorist</b>	Striking Unit #	Location	
	Prior Action			
	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
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			