

6TL0D2XVSJ  
24-12192

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0D2XVSJ

|   |                                      |   |                                    |   |  |   |                           |
|---|--------------------------------------|---|------------------------------------|---|--|---|---------------------------|
| Document Number Override  |                                      | Primary Crash Document #<br><b>6TL0D2XVSH</b>             |                                    | Agency Crash Number<br><b>24-12192</b>    |  | Investigating Officer/Deputy<br><b>DEPUTY B. GOODREAU</b> |                           |
| Crash Date<br><b>11/01/2024</b>   |                                      | Crash Time<br><b>09:04 PM</b>                             |                                    | Date Arrived                              |  | Time Arrived  |                           |
| Date Notified<br><b>11/01/2024</b>  |                                      | Time Notified<br><b>09:05 PM</b>                          |                                    | Total Units<br><b>01</b>                  |  | Total Injured<br><b>00</b>                                | Total Killed<br><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<br><b>NO</b>           |  | Tags  |                           |
| <input checked="" type="checkbox"/> Reportable  |                                      | Crash Type<br><b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b> |                                    | <input type="checkbox"/> Amended          |  | <input checked="" 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 USH12 EB<br/>214 FT S<br/>OF LEHMAN RD<br/>IN THE TOWN OF SUMPTEP<br/>IN SAUK COUNTY</b> | Latitude<br><b>43.423192645</b>       | Longitude<br><b>-89.773414897</b> |
|  | X Coordinate<br><b>275496.15625</b>   | Y Coordinate<br><b>4811548</b>    |
|  | Structure Type<br><b>NO STRUCTURE</b> |                                   |

Crash Scene

|  |   |               |
|--|---|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (DEAD)</b>           | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><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<br><b>DEER</b>   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land  | Access Control  | Special Study |

Unit Summary

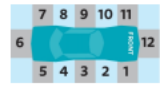
|            |  |  |   |                            |  |  |
|------------|--|--|---|----------------------------|--|--|
| UNIT<br>01 | Unit Status<br><b>IN TRANSIT</b>   |  | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|            | Vehicle Type<br><b>PASSENGER CAR</b>   |  |   |                            | Operating As Endorsements                            |  |
|            | Total Occs<br><b>1</b>   | Train/Bus # Recorded                     | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|            | Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>SOUTHBOUND</b> | <input type="checkbox"/> Pre CrashTire Mark           | Speed Limit                | Total Lanes  |  |
|            | Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b> |  | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><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<br><b>APW7020</b>                      | Plate Type<br><b>AUT - AUTOMOBILE</b>  |
|            |   | Vehicle Identification Number<br><b>KL4MMCSL9NB135062</b>   | Make<br><b>BUICK</b>   |
|            |   | Color<br><b>LBL - BLUE, LIGHT</b>                           | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b>                                      |
|            |   | Initial Contact Point<br><b>12 - FRONT</b>                  | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b> |
|            |   | Extent Of Damage<br><b>DISABLING DAMAGE</b>                 |  |
|            |   | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b> | Vehicle Removed By<br><b>CRAIGS TOWING</b>   |
|            |   | What Driver Was Doing                                       | Vehicle Factors  |
|            |   | Driver Prior Action Other                                   |  |
|            |   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>             |  |
| Owner Name | Owner Address   |   |  |
| 01         | UNIT  | <b>Policy Holder</b>  |  |
|            |   | Insurance Company<br><b>PROGRESSIVE-CLASSIC-INS-CO</b>      | Individual<br><b>KRIS LABANSKY</b>   |
| 01         | UNIT  | <b>Individual</b>   |  |
|            |   | Driver<br><b>KRIS LABANSKY</b>                              | Citations Issued<br><b>0</b>   |
|            |   |   | Sex<br><b>FEMALE</b>   |
|            |   |   | Race<br><b>WHITE</b>   |
|            | Address<br><b>S3731A OLD LOGANVILLE RD<br/>REEDSBURG, WI 53959 , US</b> | Driver License Number                                       |  |
| 01         | UNIT  | <b>Safety Equipment</b>                                     |  |
|            |   | On Duty Crash   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                                   |
|            |   | Row   | Seat Position  |
|            |   | Helmet Use  | Helmet Compliance  |
|            |   | Eye Protection  | Tint Compliance  |
|            |   | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b>   |
|            |   |   | Airbag   |
|            |   | Ejected   | Ejection Path  |
|            |   |   | Trapped/Extricated   |
|            |   | Medical Transport<br><b>NOT TRANSPORTED</b>                 | EMS Agency Identifier  |
| Hospital   | Date of Death   | Time of Death   |  |



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|      |            |   |                 |                                    |  |                                 |  |
|------|------------|---|-----------------|------------------------------------|--|---------------------------------|--|
| UNIT | INDIVIDUAL | <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<br><b>NO</b> |  | Suspected Drug Use<br><b>NO</b> |  |
|      |            | Alcohol Test Given<br><b>TEST NOT GIVEN</b> |                 | Alcohol Test Type                  |  | Alcohol Test Results            |  |
|      |            | Drug Test Given<br><b>TEST NOT GIVEN</b>    |                 | Drug Test Type                     |  | Drug Test Results               |  |
|      |            | Drug Type                                   |                 |                                    |  |                                 |  |
|      |            | Individual Condition                        |                 | <b>APPEARED NORMAL</b>             |  |                                 |  |