## 6TL0F1BQ8H 24-12704

## **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

	Document Number Override	=			Agency Crash Number 24-12704			Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI				
8H	Crash Date 11/15/2024	Crash Time 06:05 AM		Date Arrived		Time	Time Arrived					
1BQ8H	Date Notified 11/15/2024	Time Notified 06:05 AM		Total Units <b>01</b>		Total		I Injured Total Killed		i		
9F	On Emergency Hi	t and Run	Lane Closu	ıre	Wo	rk Zone		Trailer or T	owed	Reporting Threshold		
6TL	Government Property	ool Zone	School Bus Related NO			Tags	Tags					
	<b>✓</b> Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RY Amended			Secondary Crash				
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
i	Location											
Ī	ON STH23 EB					Latitude Longitude						
	358 FT W					43.532511982 X Coordinate		-89.90		65995644		
	OF GOLF COURSE RD											
	IN THE CITY OF REEDSBUR	:G				_		Y Coord				
	IN SAUK COUNTY					260339.140625			4824226.5			
					Structure Type							
L						NO STRI	UCTURE					
	Crash Scene										-	
First Harmful Event First Harmful Event							ıful Event Lo	vent Location				
	NON DOMESTICATED ANIMAL (ALIVE)  Manner of Collision					ON ROADWAY						
ŀ						Light Condition					_	
	00 - NO COLLISION W/VEHIC	CLE IN TRANSP	ORT			Light condition						
ŀ	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 PUBLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION							
ŀ	Tribal Land				Access Control		ISDICTION	Special Study		_		
i	Unit Summary											
Ť	Unit Status		Veh	icle Operat	ing As C	lassification		Unit Type			_	
	IN TRANSIT D CLASS				Ü			TRUCK				
ŀ	Vehicle Type				Operating As Endorsements							
01	UTILITY TRUCK/PICKUP TRUCK											
ŀ	Total Occs Train/Bus # Recorded Total # Citations Issued					Total Trail		 ailers		Mat Tynes	_	
	1		0			0		0		indi Typoo		
}	nsurance? Direction Of Travel					0 11.				es	_	
ᅵ	YES EASTBOUND			Pre CrashTire Mark		'						
LIND	Most Harmful Event: Collision With			cial Functio		<u> </u>		Emergency Motor Vehicle Use		_		
<b>D</b>	NON DOMESTICATED ANIMAL (ALIVE)			SPECIAL		TION		NOT APPLICABLE				
ŀ	Traffic Way			fic Control				Traffic Control Inoperative/Missing				
	<b>_</b>			Trainio Contitol					1			
ŀ	Surface Type			Road Curvature				Road Grade			_	
	1											

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Crash Date 11/15/2024 Crash Time 06:05 AM

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	Truc	k Bus or HazMat							
	,	Vehicle							
		License Plate Number SZ7286	Plate Type LTK	St WI	Country of Issuance UNITED STATES				
2	VEHICLE 01	Vehicle Identification Number 1C6RR7FT8ES427596	Make RAM	Year <b>2014</b>	Model 1500				
		Color BLU - BLUE	Body Style Bus Use PK - PICKUP						
UNIT		Initial Contact Point  11 - LEFT FRONT CORNER  Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage  08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT  7 8 9 10 11 6 7 8 9 10 11 5 4 3 2 1						
		Towed Due To Damage  NOT TOWED	Vehicle Removed By						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
LINI	VEHICLE	Driver Actions 123							
		Owner Name	Owner Address						
2	5								
╘		Policy Holder							
LIND		Insurance Company 21ST-CENTURY-ADVANTAGE-INSURANCE-CO INDIVIDUAL JEFFREY VETOR							
	DIVIDUAL	Individual  DRIVER Citations Issued Sex							
		JEFFREY VETOR	Citations Issued  0	MALE					
_		(608) 393-2133	Date of Birth	Race WHITE					
LIND		Address 637 N DEWEY AVE REEDSBURG, WI 53959 , US	Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Crash fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
	001	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	•					
	Distracted By Action							
•	Non Motorist	Striking Unit #	Location					
	Prior Action							
	Action							
UAL								
IVID								
N N								
	Action Other						To/From School	
						Ton Toni Galleer		
Drug & Alcohol NO				NO				
	Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN				Alcohol Test Results			
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Resul				
001	Drug Type		<u> </u>		<u> </u>			
	Individual Condition							
APPEARED NORMAL								
		Prior Action  Action  Action Other  Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN Drug Type  Individual Condition	Distracted By  Distracted By Action  Non Motorist  Prior Action  Action  Action  Action  Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN  Drug Type  Individual Condition	Distracted By  Distracted By Action  Striking Unit # Location  Prior Action  Action  Action  Action  Suspected Alcohol Use NO  Alcohol Test Given TEST NOT GIVEN  Drug Type  Individual Condition	Distracted By Distracted By Action  Non Motorist  Prior Action  Action  Action  Action  Suspected Alcohol Use NO  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition	Distracted By Action  Non Motorist  Prior Action  Action  Action Other  Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN Drug Type  Individual Condition  Drug Type  Drug Type  Striking Unit #  Location  Suspected No  Suspected Drug Use NO  Alcohol Test Type Drug Test Results Drug Type  Individual Condition	Distracted By  Action  Prior Action  Action  Action Other  Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition  Drug Type  Drug Test Grove Individual Condition	