

6TL0DKRB2K  
25-00530

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<br><b>25-00530</b> | Investigating Officer/Deputy<br><b>DEPUTY R. BARNES</b> |  |
| Crash Date<br><b>01/17/2025</b>                |   | Crash Time<br><b>06:31 PM</b>                | Date Arrived<br><b>01/17/2025</b>      | Time Arrived<br><b>06:43 PM</b>                         |  |
| Date Notified<br><b>01/17/2025</b>             |   | Time Notified<br><b>06:31 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>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                        | <input type="checkbox"/> Secondary Crash     |

Description

|                |                                       |
|----------------|---------------------------------------|
| <p>Diagram</p> | Reconstruction By                     |
|                | Photos By                             |
|                | Additional Information<br><b>NONE</b> |

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

UNIT 1 WAS TRAVELING EAST ON HIGHWAY D AND SAW A DEER CROSSING THE ROADWAY. OPERATOR MEANT TO HIT THE BREAKS OF THE VEHICLE, BUT VEHICLE DID NOT STOP AND ENTERED THE DITCH AND WENT THROUGH AN ELECTRIC FENCE. NO INJURIES AND VEHICLE REMOVED DUE TO BROKE STEERING COMPONENTS.

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Location

|  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| PARKING LOT<br>ROCK ELM RD LOT<br>IN THE TOWN OF WESTFIELD<br>IN SAUK COUNTY | Latitude<br><b>43.445667735</b>      | Longitude<br><b>-89.965157112</b> |
|  | X Coordinate<br><b>260063.046875</b> | Y Coordinate<br><b>4814579</b>    |
|  | Structure Type                       |                                   |

Crash Scene

|  |  |   |
|--|--|---|
| First Harmful Event<br><b>FENCE</b>                                    | First Harmful Event Location<br><b>ROADSIDE</b>                |   |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DARK/UNLIT</b>                           |   |
| Road Surface Condition(s)<br><b>DRY</b>                                | Roadway Factor(s)<br><br><b>NONE</b>                           |   |
| Environment Factor(s)<br><b>NONE</b>                                   |  |   |
| Weather Condition(s)<br><b>CLEAR</b>                                   |  |   |
| Animal Type<br><b>DEER</b>   | Relation To Trafficway<br><b>NON TRAFFICWAY - OTHER</b>        |   |
| Crash Classification - Location<br><b>PRIVATE PROPERTY</b>             | Crash Classification - Jurisdiction<br><b>PRIVATE PROPERTY</b> |   |
| Tribal Land  | Access Control<br><b>NO CONTROL</b>                            | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                                   | Junction Location<br><b>NON-JUNCTION</b>                       | Intersection Type<br><b>NOT AN INTERSECTION</b> |

Unit Summary

|             |  |   |   |                            |  |  |
|-------------|--|---|---|----------------------------|--|--|
| <b>UNIT</b> | 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>EASTBOUND</b> | <input type="checkbox"/> <b>Pre CrashTire Mark</b>    | Speed Limit<br><b>55</b>   | Total Lanes<br><b>2</b>                              |  |
|             | Most Harmful Event: Collision With<br><b>FENCE</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|             | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>         |   | Traffic Control<br><b>NO CONTROL</b>                  |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|             | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>       |   | Road Curvature<br><b>CURVE LEFT</b>                   |                            | Road Grade<br><b>LEVEL</b>                           |  |
|             | Truck Bus or HazMat<br><b>NO</b>                   |   |   |                            |  |  |

|   |                |   |  |   |                     |   |  |
|---|----------------|---|--|---|---------------------|---|--|
| <b>UNIT</b>                                 | <b>Vehicle</b> |   |  |   |                     |   |  |
|   | <b>VEHICLE</b> | License Plate Number<br><b>APH8402</b>                    |  | Plate Type<br><b>AUT</b>  | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |  |
|   |                | Vehicle Identification Number<br><b>KMHDN46D65U055097</b> |  | Make<br><b>HYUN</b>   | Year<br><b>2005</b> | Model<br><b>ELN</b>                         |  |
|   |                | Color<br><b>SIL - SILVER (ALUMINUM)</b>                   |  | Body Style<br><b>4D - 4DR</b>   |                     | Bus Use                                     |  |
|   |                | Initial Contact Point<br><b>00 - NON-COLLISION</b>        |  | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT C</b> |                     |   |  |
| Extent Of Damage<br><b>DISABLING DAMAGE</b> |                |   |  |   |                     |   |  |



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|   |   |  |   |  |
|---|---|--|---|--|
| UNIT<br>VEHICLE                               | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>   |  | Vehicle Removed By<br><b>NACHREINERS</b>                                |  |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>  |  | Vehicle Factors   |  |
|   | Driver Prior Action Other   |  | <b>NOT APPLICABLE</b>   |  |
|   | Driver Actions<br><b>FAILURE TO CONTROL, SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.</b> |  |   |  |
| 01  | Owner Name<br><b>BAILEY DEERING<br/>(608) 393-5025</b>  |  | Owner Address<br><b>101 SMYTHE ST<br/>ROCK SPRINGS, WI 53961 , US</b>   |  |
|   | <b>Sequence Of Events</b>   |  |   |  |
| 01  | 01  | Event<br><b>FENCE</b>  |   |  |
|   | 02  | Event  |   |  |
|   | 03  | Event  |   |  |
|   | 04  | Event  |   |  |
| UNIT  | <b>Policy Holder</b>  |  |   |  |
|   | Insurance Company<br><b>STATE-FARM-GENERAL-INS-CO</b>   |  | INDIVIDUAL<br><b>BAILEY DEERING</b>                                     |  |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>   |  |   |  |
|   | DRIVER<br><b>BAILEY DEERING<br/>(608) 393-5025</b>  |  | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                     |
|   | Address<br><b>101 SMYTHE ST<br/>ROCK SPRINGS, WI 53961 , US</b>   |  | Date of Birth   | Race<br><b>WHITE</b>                     |
|   |   |  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |
| 01  | <b>Safety Equipment</b>   |  | On Duty Crash   |  |
|   |   |  | Safety Equipment  |  |
|   | Row<br><b>01 - FRONT ROW</b>  | Seat Position<br><b>07 - LEFT</b>                              | <b>SHOULDER &amp; LAP BELT</b>  |  |
|   | Helmet Use  |  | Helmet Compliance   |  |
|   | Eye Protection  |  | Tint Compliance   |  |
|   | <b>Injury</b>   |  | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Airbag<br><b>NON DEPLOYED</b>            |
| Ejected<br><b>NOT EJECTED</b>                 |   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>             |   | Trapped/Extricated<br><b>NOT TRAPPED</b> |
| Medical Transport<br><b>NOT TRANSPORTED</b>   |   | EMS Agency Identifier  |   | EMS Run #                                |
| Hospital                                      |   | Date of Death  |   | Time of Death                            |
| <b>Distracted By</b>                          |   | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |   |  |
| Distracted By Action<br><b>NOT DISTRACTED</b> |   |  |   |  |

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|------------|----------------------------|-------------------------------------|--|-----------------|---|------------------|---------------------------------|--|
| UNIT       | INDIVIDUAL                 | <b>Non Motorist</b>                 |  | Striking Unit # | Location  |                  |                                 |  |
|            |                            | Prior Action                        |  |                 |   |                  |                                 |  |
|            |                            | Action                              |  |                 |   |                  |                                 |  |
|            | Action Other               |                                     |  |                 |   |                  | To/From School                  |  |
|            | 01                         | 001                                 | <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<br><b>APPEARED NORMAL</b> |                 |   |                  |                                 |  |
|            | <b>Property Owner</b>      |                                     |  |                 |   |                  |                                 |  |
| PROP OWNER | 01                         | INDIVIDUAL<br><b>MARVIN LAUKANT</b> |  |                 | Address<br><b>S5737 ROCK ELM ROAD<br/>ROCK SPRINGS, WI 53961 , US</b> |                  |                                 |  |
|            |                            | <b>Fixed Objects Struck</b>         |  |                 |   |                  |                                 |  |
| 01         | Striking Unit<br><b>01</b> |                                     | Struck Object<br><b>FENCE</b>                  |                 |   | Structure Number | Damage Tag Number               |  |