## 6TL0D6N065 25-00569

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D 6TL0D6N064	Primary Crash Document # 6TL0D6N064		Agency Crash Number 25-00569			Investigating Officer/Deputy DEPUTY B. BRUNKEN			
0D6N065	Crash Date <b>01/19/2025</b>	Crash Time 99:99			Date Arrived		Tim	Time Arrived			
	Date Notified 01/19/2025	Time Notified 05:35 PM			Total Units <b>01</b>		Total Injured <b>00</b>		Total Killed <b>00</b>		
0-	On Emergency H	it and Run	and Run Lane Closu		re Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Property	hool Zone	School Bus Related NO			Tag	Tags				
	<b>✓</b> Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			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 STH33 EB					Latitude Longitude					
	552 FT W					43.56549	1895			302036	
	OF BODENDIEN RD										
	IN THE TOWN OF LA VALLE					X Coordinate 250834.390625				Y Coordinate 4828240.5	
	IN SAUK COUNTY								402024	10.5	
						Structure 7	Туре				
	Crash Scene										
ì	First Harmful Event					l =:+	nful Event L				
		AL (ALIXE)						ocation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROA					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	PORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
	Weather Condition(s)										
ļ											
	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land				Access Control Special Study						
ì	Unit Summary										
—ì	Unit Status		l Veh	icle Operat	ing As C	lassification	1	Unit Type			
				D CLASS			AUTOMOBILE				
ŀ	Vehicle Type							Operating As Endorsements			
0	**						Operating A	is Elidoisei	Hents		
)	(SPORT) UTILITY VEHICLE					Total Trailers   Total HazMat Types					
	Total Occs Train/Bus # Recorded			Total # Citations Issued  0		0		0		Mat Types	
	1										
Ī		Direction Of Travel	T_	Pre CrashT		e Speed L		Limit Total Lane		es	
<u>⊢</u>	YES EASTBOUND			Ma							
LIND	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use		
<b>-</b>	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			NOT APPLICAE		LICABLE		
ł	Traffic Way			Traffic Control			Traffic Conf		rol Inoperative/Missing		
	······································			Traine Cond Of			The state of the s			v	
ŀ	Surface Type			Road Curvature				Road Grad	9		
				Toda Guivaluie				Tital Grado			

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	Truc	k Bus or HazMat							
	Vehicle								
01		License Plate Number ASE3678	Plate Type <b>AUT</b>	St WI	Country of Issuance UNITED STATES				
	VEHICLE 01	Vehicle Identification Number 4S4BTACC0L3170529	Make SUBA	Year <b>2020</b>	Model OUTBACK				
		Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE Bus Use						
TINO		Initial Contact Point  12 - FRONT  Extent Of Damage  MINOR DAMAGE	Vehicle Damage  12 - FRONT		7 8 9 10 11 6 2 2 2 1 2 5 4 3 2 1				
		Towed Due To Damage NOT TOWED	Vehicle Removed By  OPERATOR						
		What Driver Was Doing  Driver Prior Action Other	Vehicle Factors	Vehicle Factors					
		Driver Actions							
TIND	VEHICLE	NO CONTRIBUTING ACTION							
01	01	Owner Name	Owner Address						
_									
L		Insurance Company  AMERICAN-FAMILY-MUTUAL-INS-CO	INDIVIDUAL JAMES BAUER						
	DIVIDUAL	ndividual							
		DRIVER JAMES BAUER	Citations Issued  0	d Sex MALE					
  -			Date of Birth	Race	Race				
LIND		Address E2018 DUTCH HOLLOW DR LA VALLE, WI 53941 , US	Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	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	r	EMS Run #				
		Hospital	Date of Death		Time of Death				

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Crash Date 01/19/2025

Crash Time 99:99

		Distracted By	Distracted By Source	,				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	Ξ							
		Action Other						To/From School
	Ĺ	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	l		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Re			
2	001	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					