

6TL0F2KRDP
25-02327

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 25-02327	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 03/12/2025		Crash Time 02:03 PM	Date Arrived	Time Arrived	
Date Notified 03/12/2025		Time Notified 02:05 PM	Total Units 01	Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

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

Location

ON CTHDL SB 165 FT N OF GALL RD IN THE CITY OF BARABOO IN SAUK COUNTY	Latitude 43.44585192	Longitude -89.743828914
	X Coordinate 277974.125	Y Coordinate 4813985
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type DEER	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control	Special Study

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
	Vehicle Type PASSENGER CAR			Operating As Endorsements		
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way		Traffic Control	Traffic Control Inoperative/Missing		
	Surface Type		Road Curvature	Road Grade		

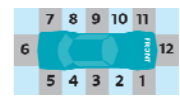
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		Truck Bus or HazMat	
01	UNIT	Vehicle	
		License Plate Number AWB4019	Plate Type AUT
		Vehicle Identification Number 5XYKT3A61DG408527	Make KIA
		Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT
		Extent Of Damage DISABLING DAMAGE	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By UNKNOWN
		What Driver Was Doing	Vehicle Factors
		Driver Prior Action Other	
		Driver Actions NO CONTRIBUTING ACTION	
Owner Name	Owner Address		
01	UNIT	Policy Holder	
		Insurance Company USAA-GENERAL-INDEMNITY-CO	INDIVIDUAL JOLENE NIEMEYER
		Individual	
01	UNIT	DRIVER PARKER WAGNER (608) 963-4474	Citations Issued 0
			Sex MALE
			Date of Birth
			Race WHITE
	Address 720 GROVE ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	UNIT	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row	Seat Position
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	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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UNIT	Distracted By		Distracted By Source		
	Distracted By Action				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
01	001	Individual Condition			
		APPEARED NORMAL			