6TL0F3SSHX 25-02978

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		Agency Crash Number 25-02978				Investigating Officer/Deputy DEPUTY A. KING			
SHX	Crash Date 03/30/2025	Crash Time 06:31 AM	· · · · · · · · · · · · · · · · · · ·		Date Arrived		Tim	Time Arrived			
38S	Date Notified 03/30/2025	Time Notified 06:32 AM			Total Units 01		Tota 00	tal Injured Total Killed 00		I	
씽	On Emergency	and Run Lane Clos		ure Work Z		rk Zone		Trailer or T	owed	Reporting Threshold	
6TL	Government Property	nool Zone	School Bus Related NO			Tag	Tags				
	✓ 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.										
ì	Location										_
i	ON LEHMAN RD					Latitude Longitude					
	675 FT N					43.440147213		-89.79359			
	OF COWLES RD										_
	IN THE TOWN OF BARABOO	כ				X Coordinate 273925.4375			Y Coordinate 4813485.5		
	IN SAUK COUNTY								401340	3.3	
						Structure 7	Гуре				
	Crash Scene										_
,	First Harmful Event					F: (1)					_
		(41.0/5)					nful Event L	ocation			
l	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROA					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	PORT								
ı	Road Surface Condition(s)					Roadway	Factor(s)				_
	Environment Factor(s)										
	Weather Condition(s)										
ł	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 Special Study					
Į	Unit Summary										
					rating As Classification			Unit Type			_
				D CLASS					AUTOMOBILE		
ŀ	Vehicle Type					Operating As Endorsements					_
01	(SPORT) UTILITY VEHICLE										
ŀ	Total Occs Train/Bus # Recorded Total # Citations Issue					d Total Trai		 railers		Mat Tynes	_
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0		0		0		wat Types	
ŀ	Insurance?	ance? Direction Of Travel		Pre CrashTire		0 11:		nit Total Lanes		es	_
⊨ ا	YES SOUTHBOUND			Mark							
LINO	Most Harmful Event: Collision With			Special Function			TION		Emergency Motor Vehicle Use		
ر	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			ON NOT APPL		LICABLE	ICABLE	
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
ŀ	Surface Type			Road Curvature				Road Grade			

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	Truc	k Bus or HazMat					. ,			
		Vehicle								
		License Plate Number		Plate Type	St	Country of Issuance				
2		AYD1861		AUT	wı	UNITED STATES				
		Vehicle Identification Number		Make	Year	Model				
	2	JTEHF21AX30135796		TOYT	2003	HIGHLANDER				
İ		Color		Body Style		Bus Use				
		GLD - GOLD		UT - SPORT UTILITY	VEHICLE					
İ	щ	Initial Contact Point		Vehicle Damage			7 9 0 10 11			
LIND	2	12 - FRONT					7 8 9 10 11 6 2 2 2 12			
	VEHICLE	Extent Of Damage		12 - FRONT			5 4 3 2 1			
		DISABLING DAMAGE					5 4 5 2 1			
		Towed Due To Damage		Vehicle Removed By						
ŀ		TOWED DUE TO DISABLING What Driver Was Doing	NG DAMAGE	CRAIGS TOWING						
		What Driver was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Sind The Felding and								
		Driver Actions								
	щ	NO CONTRIBUTING ACTION	ON							
L	VEHICLE									
5	표									
	7									
		O N								
		Owner Name		Owner Address						
10	2									
┖		Policy Holder								
LNO		Insurance Company		INDIVIDUAL						
⊃		GRINNELL-SELECT-INS-C	0	PETER HAYES						
		Individual								
		DRIVER PETER HAYES		Citations Issued Sex						
	7	(608) 381-0344		0	MALE					
١.	DIVIDUAL	(***, ***		Date of Birth	Race WHITE					
E S	\exists	Address		Driver License Number						
5		W10478 STATE ROAD 16 PORTAGE, WI 53901 , US								
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sa	On Duty (Safety Equipment							
	Sai									
		Row	Seat Position	NONE USED - VEH	HICLE OCCUPA	NT				
		Helmet Use		Helmet Compliance						
		Troinier 030		Trouver Compilation						
ŀ		Eye Protection		Tint Compliance						
2	001	Injury Severity NO APPARENT INJURY		Airbag						
		Ejected Ejection Path		Trapped/Extricated						
		ľ								
		Medical Transport		EMS Agency Identifier	r	EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				

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Crash Date 03/30/2025

Crash Time 06:31 AM

		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 NO			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 Results		5		
2	001	Drug Type							
		Individual Condition							
		APPEARED NORM	MAL						