

6TL0F3SSHZ

25-03396

# 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 <b>25-03396</b>		Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>04/11/2025</b>		Crash Time <b>05:52 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>04/11/2025</b>		Time Notified <b>05:53 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<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

<b>ON STH23 EB 0.50 MI W OF STH33 EB IN THE TOWN OF EXCELSIOR IN SAUK COUNTY</b>	Latitude <b>43.533556897</b>	Longitude <b>-89.90145141</b>
	X Coordinate <b>265558.78125</b>	Y Coordinate <b>4824158.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

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

## Unit Summary

01 UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

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		Truck Bus or HazMat			
UNIT 01	VEHICLE 01	<b>Vehicle</b>			
		License Plate Number <b>ATG7876</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>5LMTJ2AH3FUJ00484</b>	Make <b>LINC</b>	Year <b>2015</b>	Model <b>MKC</b>
		Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>12 - FRONT</b>		
		Extent Of Damage <b>DISABLING DAMAGE</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>STEVES AUTO SERVICE</b>		
		What Driver Was Doing	Vehicle Factors		
		Driver Prior Action Other			
		UNIT 01	VEHICLE 01	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Owner Name				Owner Address	
UNIT 01	INDIVIDUAL 001	<b>Policy Holder</b>			
		Insurance Company <b>STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO</b>	INDIVIDUAL <b>JAMES KOMMERS</b>		
UNIT 01	INDIVIDUAL 001	<b>Individual</b>			
		DRIVER <b>JAMES KOMMERS</b> <b>(608) 393-2036</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>E7497 N REEDSBURG RD</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT 01	001	<b>Safety Equipment</b>		On Duty Crash	
		Safety Equipment			
		Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
Airbag					
Ejected		Ejection Path		Trapped/Extricated	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	

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UNIT INDIVIDUAL          01 001	<b><i>Distracted By</i></b>		Distracted By Source	
	Distracted By Action			
	<b><i>Non Motorist</i></b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<b><i>Drug &amp; Alcohol</i></b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
Individual Condition  <b>APPEARED NORMAL</b>				