

9PL01884GK  
20-4248

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

REEDSBURG POLICE DEPARTMENT  
200 SOUTH PARK STREET  
REEDSBURG, WI 53959  
(608) 524-2376

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Document Number Override		Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy <b>M. DUNSE</b>	
Crash Date <b>04/02/2020</b>		Crash Time <b>12:12 AM</b>	Date Arrived	Time Arrived	
Date Notified <b>04/02/2020</b>		Time Notified <b>12:14 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 0.67 MI S OF SOUTHRIDGE BLVD IN THE TOWN OF REEDSBURG IN SAUK COUNTY</b>	Latitude <b>43.5115572</b>	Longitude <b>-90.018667687</b>
	X Coordinate <b>255998.359375</b>	Y Coordinate <b>4822052.5</b>
	Structure Type	

**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**

<b>UNIT 01</b>	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>NORTHBOUND</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>POLICE</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		
01	UNIT	<b>Vehicle</b>		
		License Plate Number <b>E6395</b>	Plate Type <b>OFF - MUNICIPAL OFFICI</b>	
		Vehicle Identification Number <b>1FM5K8AR8HGA35962</b>	Make <b>FORD</b>	
		Color <b>BLK - BLACK</b>	Year <b>2017</b>	
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Model <b>EXPLORER</b>	
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Bus Use	
		What Driver Was Doing	Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</b>	
		Driver Prior Action Other	Vehicle Removed By <b>OPERATOR</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Factors	
01	UNIT	Owner Name	Owner Address	
		<b>Policy Holder</b>		
01	UNIT	Insurance Company <b>WISCONSIN-COUNTY-MUTUAL-INS-CORP</b>	Government <b>SAUK COUNTY SHERIFFS OFFICE</b>	
		<b>Individual</b>		
		Driver <b>ISAAC ESTEBAN GALVAN (608) 355-4495</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
01	UNIT	Date of Birth <b>08/25/1992</b>	Race <b>HISPANIC</b>	
		Address <b>1300 LANGE CT BARABOO, WI 53913 , US</b>	Driver License Number <b>G4154059230504 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>		
01	UNIT	On Duty Crash <b>POLICE</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row	Seat Position	
		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	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</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				
01	001	Individual Condition			
		<b>APPEARED NORMAL</b>			