WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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	Document Number Override	1		1 9 ,		Investigating Officer/Deputy DEPUTY I. GALVAN			
3C	Crash Date 10/24/2021	Crash Time 08:18 PM		Date Arrived 10/24/2021		Time Arrived 08:34 PM			
(QZ	Date Notified 10/24/2021	Time Notified 08:20 PM		Total Units 02		Total Injured 02	1 ,		
.09X	On Emergency Hit	and Run		ure Work Zone		Trailer or Tower		Reporting Threshold	
eTL	Government Property	Active School Zone		School Bus Related NO		Tags			
	Reportable	Crash Type DT4000 (STAN	DARD CRASH)	١		Amended		Secondary Crash	

Description Diagram Reconstruction By Photos By ISAAC GALVAN' Additional Information **PHOTOS** 01 DRIVE WAY OF S6497 STH 23 NOT TO SCALE

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

UNIT 1 TRAVELING SOUTHBOUND ON STH 23. UNIT 1 SLOWED TO AVOID COLLISION WITH A DEER. UNIT 2 WAS THE SECOND VEHICLE BEHIND UNIT 1. THE FIRST VEHICLE WAS ABLE TO GO AROUND UNIT 1 WITHOUT ISSUE UNIT 2 SWERVED RIGHT TO AVOID COLLISION WITH UNIT 1, UNIT 2 REAR END BEGAN TO FISHTAIL AND SIDE SWIPED UNIT 1 REAR TO REAR. BOTH VEHICLES WERE TOWED AND REMOVED BY STEVE'S AUTO SERVICE. UNIT 1 OPERATOR WAS TRANSPORTED TO REEDSBURG AREA MEDICAL CENTER FOR MINOR INJURIES.

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Crash Date 10/24/2021

Crash Time 08:18 PM

	Location 										
Ī	ON STH23 EB					Latitude			Longitue	de	
	0.25 MI N					43.40936	61551			1858253	
	OF FELDMAN DR					X Coordin			Y Coord		
	IN THE TOWN OF WESTF	FIELD				254518.5			481074		
	IN SAUK COUNTY								401011	† 3	
				Structure Type NO STRUCTURE							
(Crash Scene										
1	First Harmful Event					FirstHarm	ıful Event Lo	cation			
	MOTOR VEH IN TRANSPO		ON ROA	DWAY							
ł	Manner of Collision		Light Cond	dition							
	07 - SIDESWIPE/SAME DI	RECTION				DARK/UI					
ŀ	Road Surface Condition(s)		Roadway								
	WET	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 4010.(0)								
ŀ	Environment Factor(s)										
	ANIMAL (S) IN ROADWAY	′				NONE					
ŀ	Weather Condition(s)										
	RAIN										
ŀ	Animal Type					Relation	o Trafficway	,			
	DEER						CWAY - ON				
ŀ	Crash Classification - Location										
	PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
ŀ	Tribal Land					Access Control Special Study					
					NO CONTROL						
	Within Interchange Area NO			Intersection NOT AN	n Type INTERSE	CTION					
ı	Closure Type			Reasons for Closure							
	LANE CLOSURE										
	Date Initial Lane/Rd Closed 10/24/2021	Time Initial Lane/Rd Close 08:42 PM	ed	LAW	ENFORCE	EMENT, FIRE/EMS					
ŀ	Date All Lanes Open	Time All Lanes Open		Date S	Scene Clear	ed	Tim	me Scene Cleared			
	10/24/2021	09:45 PM		10/24/2021 09:45 PM							
ļ	Unit Summary 💳					16. 0					
	Unit Status		I		erating As C	lassification		UnitType			
	IN TRANSIT		Đ C	LASS				AUTOMO			
;	Vehicle Type PASSENGER CAR							Operating A	s Endorse	ments	
ŀ	Total Occs	Train/Bus#Recorded	Tota	I# Citat	ions Issued		Total Traile	are	TotalHaz	zMatTypes	
	2	Transbus // Trebuided	0	in Oilai	10115 155UEU		0		0	Swat rypos	
ł	Insurance?	Direction Of Travel	+	Dro	CrashTire		Speed Lim	it	TotalLan	es	
	YES	SOUTHBOUND	100000000000000000000000000000000000000		Crasn i ire Mark		55		2		
ŀ	Most Harmful Event: Collision		Spec	cial Fun			<u> </u>	Emergency		nicle Use	
	MOTOR VEH IN TRANSPO				AL FUNC	TION		NOT APP	LICABLE	i i	
ł	Traffic Way		Traff	fic Cont	rol			Traffic Conf	rol Inopera	ative/Missing	
	TWO-WAY, NOT DIVIDED		I	CONT				NO	• "-	J	
ł	Surface Type Roa							Road Grade			
					T			LEVEL			
ł	Truck Bus or HazMat	·						l .			
	NO										
-	Vehicle		,					_			
-0.400,040	License Plate Number			te Type		_	St	Country of Is			
	AHE9544				TOMOBIL	E	WI	UNITED ST	ATES		
-	Vehicle Identification Nu		Mai				Year	Model			
ٔ ر	៦ 1FMYU941X5KA0320)4	FO	RD			2005 ESCAPE				

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	***************************************	Color		Bus Use						
		TAN - TAN	I	-	rStyle 4DR					
		Initial Contact Point			cle Damage		Т			
—		05 - RIGHT REAR CORNER		, 0, 1	ole Dalillege			7 8 9 10 M		
N	¥				RIGHT SIDE REAF		EAR CORNER,	6 12		
\neg	VEHICLE	Extent Of Damage DISABLING DAMAGE		06 -	REAR, 14 - UNDER	RCARRIAGE		5 4 8 2 1		
	>									
		Towed Due To Damage TOWED DUE TO DISABLING	I	Vehicle Removed By						
				STEVES AUTO SERVICE						
		What Driver Was Doing		Vehi	cle Factors					
		SLOW/STOPPING		NOT	ADDUCABLE					
		Driver Prior Action Other		NO	APPLICABLE					
		Driver Actions	.,							
	VEHICLE	NO CONTRIBUTING ACTIO	N.							
UNIT	0									
S	I									
	5									
		OwnerName		- [Owner Address					
_		JESSICA A DILLEY			S8205 HIGHLAND I					
2	5	(608) 415-9304		ין	LOGANVILLE, WI 5	3943 , US				
		Sequence Of Events								
		Event		(68)(68))						
	5	MOTOR VEH IN TRANSPOR	T							
		Turns.								
	8	Event								
		-								
	8	Event								
	8	Event								
—		Policy Holder								
N		Insurance Company		Individu al						
\supset		ALLSTATE-INS-CO		KYLEIGH MEYER						
		Individual								
		Driver		*******	tations ssued	Sex				
		KYLEIGH ANN MEYER		0	audits issued	FEMALE				
	7	(608) 495-9077			ate of Birth	Race				
	DUA			108	ate of Birth	WHITE				
ş										
$\overline{\mathbf{S}}$	NON	Address S8205 HIGHLAND RD		130	iver License Number					
	2	LOGANVILLE, WI 53943 , U	s	STATE: WISCONSIN COUNTRY: UNITED STATES						
		, .								
				_						
	Çai	On Duty Cr fety Equipment	ash	Sa	sfety Equipment					
	~~.	517 - Markanen		┨						
		Row	Seat Position	S	HOULDER & LAP B	ELT				
		01 - FRONT ROW	07 - LEFT							
		HelmetUse		He	elmet Compliance					
		Eye Protection		Tit	nt Compliance					
٤		Injury Seve	erity	- 1	rbag					
0	6	INJUNY SUSPEC	TED MINOR INJURY	N	ON DEPLOYED					
		Ejected E	jection Path				Trapped/Extricated			
		NOT EJECTED N	OT EJECTED/NOT APP	LICA	ABLE		NOT TRAPPED			
		Medical Transport			MS Agency Identifier		EMS Run#			
		EMS GROUND		60	01024		212116			

Crash Date 10/24/2021 Crash Time 08:18 PM

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		Hospital REEDSBURG ARE	A MED C	ΓR		Date of Death			Time of Death			
		Distracted By	Distracted I	By Source 'LICABL	E (NOT DISTRAC	CTED)						
		Distracted By Action NOT DISTRACTED)									
		Non Motorist	Striking Un	it#	Location							
		Prior Action Prior Action										
		Action										
	3											
LNO	NDIVIDUAL											
_	2											
		Action Other								To/From School		
	ı	Drug & Alcohol	Suspected NO	Alcohol U	se	Suspected Drug Use NO						
		AlcoholTestGiven TEST NOT GIVEN			Alcohol Test Type				Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type	Drug Test Results						
10	8	Drug Type										
		Individual Condition										
		APPEARED NORM										
		individual										
		Passenger JESSICA ANN DILI			1801801801801801801801801801	Citations ssued Sex 0 FEMALE						
	3	(608) 415-9304				Date of Birth	Race WHITE					
LNN	DIVIDUAL	Address S8205 HIGHLAND	Pn .			Driver License Number						
	Z	LOGANVILLE, WI		S		STATE: WISCONSIN COUNTRY: UNITED STATES						
	٠.,	ety Equipment	On Duty Cr	ash		Safety Equipment						
	V 41	Row		SeatPo	sition	SHOULDER & LAP BELT						
		01 - FRONT ROW HelmetUse		09 - Ri	GHT	Helmet Compliance						
		Eye Protection				Tint Compliance						
_	N		Injury Seve	erity		Airbag						
2	8	Injury Ejected	SUSPECT	FED MIN	OR INJURY	NON DEPLOYED			Trapped/Extricated			
		NOT EJECTED	-		CTED/NOT APPL				NOT TRAPPED			
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifi	let		EMS Run#			
		Hospital		Date of Death Time of Death								

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

		Distracted By Distr	acted By Source)								
		Distracted By Action										
		Non Motorist	ing Unit#	Location								
		Prior Action										
	JAL	Action										
LINO	INDIVIDUAL											
		Action Other									To/From School	
	I	Susp Drug & Alcohol NO	pected Alcohol U	lse		Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	e				Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type			Drug T	Test Results				
10	005	Drug Type		I								
		Individual Condition										
		APPEARED NORMAL										
	Uni	t Summary ===										
		Status		\	Vel	nicle Operating As Classi	fication		Unit Type			
		RANSIT		[D (CLASS			TRUCK			
05		cle Type LITY TRUCK/PICKUP TI							Operating As Endorsements			
	Tota 2	lOccs	Train/Bus#Re	1.	Tot 0	al#Citations Issued		Total Traile	rs	Total HazN 0	/lat Types	
F	Insui YES	rance?	Direction Of Tra			Pre CrashTire Mark		Speed Limi	t	TotalLane 2	s	
LIN		tHarmful Event: Collision Wi TOR VEH IN TRANSPOF				ecial Function SPECIAL FUNCTION	N		Emergency NOT APPI	Motor Vehic LICABLE	cle Use	
		fic Way D-WAY, NOT DIVIDED				ffic Control CONTROL			Traffic Cont	rol Inoperati	ve/Missing	
		асе Туре				ad Curvature			Road Grade	+		
		kCKTOP (BITUMINOUS) k Bus or HazMat			ST	RAIGHT			LEVEL			
	NO	N B G O O T T G E T T G C										
	1	Vehicle										
		License Plate Number SE5926				ate Type FK - LIGHT TRUCK		I	Country of Is UNITED ST			
~		Vehicle Identification Numb	per			ike			Model	A120		
05	02	1GCHK23D26F263412				HEVROLET			SLV			
		Color BLK - BLACK				dy Style K - PICKUP			Bus Use			
		Initial Contact Point 08 - LEFT SIDE REAR										

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Crash Date 10/24/2021

Crash Time 08:18 PM

				Vehicle Damage									
IN	VEHICLE	Extent Of Damage DISABLING DAMAGE		07 - LEFT REAR C	ORNER, 08 - LEFT SID	E REAR	6 12 5 4 3 2 1						
		Towed Due To Damage TOWED DUE TO DISAB	INC DAMAGE	Vehicle Removed By	OVICE								
		What Driver Was Doing	LING DAMAGE		STEVES AUTO SERVICE Vehicle Factors								
		OTHER Driver Prior Action Other SWERVE TO MISS COLI	LISION	NOT APPLICABLE									
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING AC	TION										
03	02	Owner Name JOHN D MCSWEENEY (608) 434-5202		Owner Address S324 LAVALLE LA VALLE, WI 5									
		Sequence Of Events		<u> </u>									
	ы	Sequence Of Events Event MOTOR VEH IN TRANSPORT											
	02	Event											
	03	Event											
	8	Event											
⊨		Policy Holder											
L N N	MIN	Insurance Company											
		IMT-INS-CO		Individual MASON MCSWE	ENEY								
		IMT-INS-CO		MASON MCSWE									
		IMT-INS-CO Individual Driver		MASON MCSWE Citations issued	Sex								
		IMT-INS-CO Individual		MASON MCSWE									
⊨		IMT-INS-CO Individual Driver MASON LEVI MCSWEEN		MASON MCSWE Citations issued 0	Sex MALE								
TNO	INDIVIDUAL	IMT-INS-CO Individual Driver MASON LEVI MCSWEEN	NEY	Citations Issued O Date of Birth	Sex MALE Race WHITE								
TNO	INDIVIDUAL	IMT-INS-CO Individual Driver MASON LEVI MCSWEEN (608) 434-5202 Address S324 LAVALLE RD LA VALLE, WI 53941 , U	NEY	Citations Issued O Date of Birth	Sex MALE Race WHITE								
TNU	INDIVIDUAL	IMT-INS-CO Individual Driver MASON LEVI MCSWEEN (608) 434-5202 Address S324 LAVALLE RD LA VALLE, WI 53941 , U	IS ty Crash Seat Position	Citations Issued O Date of Birth Drivert Icease Num STATE: WISCON	Sex MALE Race WHITE SIN COUNTRY: UNITED								
L N O	INDIVIDUAL	IMT-INS-CO Individual Driver MASON LEVI MCSWEEN (608) 434-5202 Address \$324 LAVALLE RD LA VALLE, WI 53941 , U	NEY IS ty Crash	Citations Issued O Date of Birth Drivert Icease Num STATE: WISCON Safety Equipment	Sex MALE Race WHITE SIN COUNTRY: UNITED								
LNO	INDIVIDUAL	IMT-INS-CO Individual Driver MASON LEVI MCSWEEN (608) 434-5202 Address S324 LAVALLE RD LA VALLE, WI 53941 , U ety Equipment Row 01 - FRONT ROW	IS ty Crash Seat Position	Citations Issued O Date of Birth Drivert Icease Num STATE: WISCON Safety Equipment SHOULDER & LA	Sex MALE Race WHITE SIN COUNTRY: UNITED								
02 UNT	INDIVIDUAL	IMT-INS-CO Individual Driver MASON LEVI MCSWEEN (608) 434-5202 Address S324 LAVALLE RD LA VALLE, WI 53941 , U Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	IS ty Crash Seat Position	Citations issued Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA	Sex MALE Race WHITE SIN COUNTRY: UNITED P BELT								
	g INDIVIDUAL	IMT-INS-CO Individual Driver MASON LEVI MCSWEEN (608) 434-5202 Address S324 LAVALLE RD LA VALLE, WI 53941 , U Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	ty Crash Seat Position 07 - LEFT	Citations Issued O Date of Birth Drivert Icease Num STATE: WISCON Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE SIN COUNTRY: UNITED P BELT								
	g INDIVIDUAL	IMT-INS-CO Individual Driver MASON LEVI MCSWEEN (608) 434-5202 Address S324 LAVALLE RD LA VALLE, WI 53941 , U Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO A Ejected	Severity PPARENT INJURY Ejection Path	Citations Issued O Date of Birth Drivert Icease Num STATE: WISCON Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE SIN COUNTRY: UNITE	D STATES							

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		Distracted By NOT	cted By Source APPLICABL	E (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED								
		Non Motorist	g Unit#	Location						
		Prior Action		1						
201 201 201 201 201 201 201 201 201 201		Action								
	7									
L I										
5	INDIVIDUAL									
		Action Other						To/From School		
		Suspe	cted Alcohol L	lsa	Suspected Drug Use	÷				
	1	Drug & Alcohol NO			NO	•				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	5		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Res	sults			
8	883	Drug Type								
	9									
		Individual Condition APPEARED NORMAL								
		ndividual Passenger			Citations issued	TSex				
	_	DAKOTA A DEITRICH (608) 434-2946			0	MALE				
ь	NOIVIDEA	(,			Date of Birth	Race WHITE				
	3	Address 210 BARBRA ANN DR			Driver License Number					
		REEDSBURG, WI 53959	, US		STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Du	ty Crash		Safety Equipment					
	Sai	ety Equipment	SeatPo	esition	SHOULDER & LA	NP BELT				
200		01 - FRONT ROW	09 - RI							
		Helmet Use			Helmet Compliance					
		Eye Protection			TintCompliance					
02	3	Injury NO Al	Severity	MUIRY	Airbag NON DEPLOYED					
		Ejected	Ejection Pa	ith	1		Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPL	.ICABLE EMS Agency Identif	ier	NOT TRAPPED EMS Run#			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
5305 5336 5336 5336 5336 5336 5336 5336		Distracted By	cted By Source	•						

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		Distracted By Action					
277000000000000000000000000000000000000		Non Motorist Striking Unit#	Location				
200		Prior Action					
LIND	INDIVIDUAL	Action					
		Action Other					To/From School
	ı	Drug & Alcohol NO	Use	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		
02	904	Drug Type					
		Individual Condition APPEARED NORMAL					