

6TL0B655VB
22-10192

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 22-10192		Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 10/13/2022		Crash Time 04:00 AM		Date Arrived 10/13/2022		Time Arrived 02:19 PM	
Date Notified 10/13/2022		Time Notified 01:43 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 DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 DRIVER STATED HE STRUCK A DEER TRAVELING E/B ON STH 60. AFTER STRIKING THE DEER, UNIT 1 LEFT THE ROADWAY TO THE RIGHT (SOUTH SIDE) AND STRUCK A TREE. UNIT 1 DRIVER STATED THIS OCCURRED AT APPROX 4AM

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Location

ON STH60 EB 0.52 MI E OF JONES RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude	Longitude
	43.197647152	-90.009034729
	X Coordinate	Y Coordinate
	255518.890625	4787160
Structure Type		

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 DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) ANIMAL (S) IN ROADWAY		
Weather Condition(s) CLEAR		
Animal Type DEER	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01 01	License Plate Number AJR2950	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number WA1LMAFE5FD005765	Make AUDI	Year 2015	Model Q7
	Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 00 - NON-COLLISION	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS		



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name BENJAMIN RAY ZADRAZIL (608) 469-4904		Owner Address 1270 DODGEVILLE ST HIGHLAND, WI 53543 , US	
	Sequence Of Events			
01	01	Event NON DOMESTICATED ANIMAL (ALIVE)		
	02	Event RUN OFF ROADWAY RIGHT		
	03	Event DITCH		
	04	Event TREE		
UNIT	Policy Holder			
	Insurance Company INTEGRITY-INS-CO		Individual BENJAMIN ZADRAZIL	
UNIT INDIVIDUAL	Individual			
	Driver BENJAMIN RAY ZADRAZIL (608) 469-4904		Citations Issued 0	Sex MALE
	Address 1270 DODGEVILLE ST HIGHLAND, WI 53543 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
			Safety Equipment SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source UNKNOWN		
Distracted By Action		UNKNOWN		

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UNIT INDIVIDUAL 01 001	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					
	Individual Condition APPEARED NORMAL					