6TL0D94291 22-11074

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/05/2022

Crash Time 06:47 PM

	Document Number Override	ent Number Override Primary Crash Document# Agency Crash Nu		Investigating Officer/Deputy DEPUTY M. PETERSON						
5	Crash Date 11/05/2022	Crash Time 06:47 PM	Date Ar	Date Arrived		Time	Time Arrived			
942	Date Notified 11/05/2022	Time Notified 06:59 PM	, 5.5.		Tota		I Injured Total Killed			
6TL0D94291	On Emergency	On Emergency Hit and Run Lane Closure Wo		Wo	k Zone Tra		railer or T	owed	Reporting Threshold	
6T	Government Property	School: NO	I		Tags	ags				
	▼ Reportable	Crash Type NON-DOMESTICATED A	ANIMAL W/ N	O INJUR	Υ		\mended		Secondary Crash	
	i, a sworn law enforcement officer, agree that I have not add				uny CJIS data in this report.					
Ì	Location									
Ī	ON E BROADWAY/ STH136 EB				Latitude			Longitud	۵	
	0.39 MI W				43.47631	3808			110176	
	OF EXCELSIOR DR									
	IN THE TOWN OF EXCELSION	OR			X Coordin		Y Coordii			
	IN SAUK COUNTY				266739.5	3125		481775	4817752	
					Structure Type			'		
					NO STRUCTURE					
l.	O									
(Crash Scene									
	First Harmful Event				FirstHarm	ful Event Lo	cation			
	NON DOMESTICATED ANIMAL (ALIVE)				ON ROA	DWAY				
l	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIC									
ŀ		- TANOI OKI			Bandway Fastoway					
	Road Surface Condition(s)			Roadway Factor(s)						
-	Environment Factor(s)				1					
	Liviloimient actor(s)									
	Weather Condition(s)			1						
	weamer contamon(s)									
ŀ	Animal Type DEER Crash Classification - Location				Relation To Trafficway					
					TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control						
ļ						SDIC HON		La sua e		
	TribalLand							Special Study		
Į										
Į	Unit Summary 💳									
	Unit Status		Vehicle Opera	ating As C	lassification		UnitType			
	IN TRANSIT	D CLASS		AUTO		AUTOMO	MOBILE			
ŀ	Vehicle Type					Operating As Endorsements				
9	PASSENGER CAR				operating, to Entertouries.					
_	<u> </u>				T-4-173		 ers			
	Total Occs Train/Bus#Recorded		Total # Citations Issued		0		0		viat i ypes	
	1	0								
		Direction Of Travel	_ 116 Clasii 11			Speed Lim		nit Total Lanes		
	YES EASTBOUND Mark									
LIND	Most Harmful Event: Collision Wit	Special Function		TION		Emergency Motor Vehicle Use		icle Use		
_	NON DOMESTICATED ANIM	IAL (ALIVE)	NO SPECIA	L FUNC	TION		NOT APPLICABLE			
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type	Road Curvatu	Road Curvature		Road Gra		ude			

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	Truc	Truck Bus or HazMat							
		Vehicle License Plate Number Plate Type St Country of Issuance							
_	5	ARP6916 Vehicle Identification Number	AUT - AUTOMOBILE Make	WI Year	UNITED STATES Model				
9		WBANN73547CN04662 Color	BMW Body Style	2007	530				
		BLK - BLACK	Body Style SW - STATIONWAGON Bus Use						
NNIT	VEHICLE	Initial Contact Point 12 - FRONT	Vehicle Damage — 01 - RIGHT FRONT C	7 8 9 10 M 5 12					
5		Extent Of Damage FUNCTIONAL DAMAGE	CORNER, 12 - FRONT 5 4 8 2 8						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
	щ	Driver Actions NO CONTRIBUTING ACTION							
NS NS	VEHICLE								
_	3								
_		OwnerName	Owner Address						
2	5								
 ⊑		Policy Holder							
N L		Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual DZMITRY KANDRY	KINSKI					
	į	Individual Driver	Citations ssued						
		DZMITRY KANDRYKINSKI	0	MALE					
⊨	Address 901 CONNIE RD		Date of Birth	Race WHITE					
N N		Address 901 CONNIE RD	Oriver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
		BARABOO, WI 53913 , US							
	Sai	On Duty Crash fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
		HelmetUse	HeimetCompliance						
	100	Eye Protection	TintCompliance						
2		Injury Severity NO APPARENT INJURY	Airbag						
		Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#				
		Hospital	Date of Death		Time of Death				

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		Distracted By S	ource				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action Prior Action	·				
	1.	Action					
TINO	NDWIDUAL						
_	IND						
		Action Other					To/From School
	Ĺ	Drug & Alcohol NO	ohol 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		
2	001	Drug Type					
		Individual Condition					
		APPEARED NORMAL					
JJ	veranneni)3/3						