WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overric	de Primary Crash E	-		Agency Crash Number 22-11419		Investigating Officer/Deputy DEPUTY A. JAHNKE		
iR2	Crash Date 11/14/2022	Crash Time 05:30 PM	1		ved 022	Time Arrived	Time Arrived 12:05 AM		
306	Date Notified 11/14/2022	Time Notified 05:37 PM		Total Un 02	its	Total Injured	t Total Kille	ed	
6TL0CBQ6R2	On Emergency	Hit and Run	Lane Closu	ıre	☐ Work Zone	Traile	or Towed	Reporting Threshold	
6TL	Government Property	Active Sc	hool Zone	School E NO	lus Related	Tags			
•	Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	ded	Secondary Crash	
j	Description =								
	Diagram		Not to S			Scale	Photos By DEPUTY A.	JAHNKE #9182	
							Additional Info	ormation	
		20							
	(CTH TK C							
	33	orcement officer, agre							
	UNIT 1 TRAVELING NORTHBOUND ON CTH TK G WHEN A DEER RAN INTO THE ROADWAY. UNIT 1 SWERVED TO AVOID HITTING THE DEER WHILE BRAKING. UNIT 1 REAR END SLID AND OPERATOR ATTEMPTED TO REGAIN CONTROL OF VEHICLE. UNIT 2 TRAVELING SOUTHBOUND ON CTH TK G WHEN UNIT 1 CROSSED THE CENTER LINE AND SIDE SWIPED THE DRIVER SIDE. UNIT 2 STRUCK THE DEER DAMAGING THE FRONT CORNER DRIVER SIDE. BOTH VEHICLES							TK G WHEN UNIT 1	

SUSTAINED MINOR DAMAGE; VEHICLES REMOVED FROM SCENE BY OWNERS.

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Crash Date 11/14/2022

	Location ===									
	ON CTHG NB 0.79 MI N				Latitude 43.4931	95395		Long	itude 53123334	
	OF CTHK WB IN THE TOWN OF IRONT IN SAUK COUNTY	ΓΟN			X Coordinate Y Coord 245052.296875 482041					
								•		
	Crash Scene									
	First Harmful Event				FirstHarn	nful Event L	ocation			
	NON DOMESTICATED A	ON ROA	DWAY							
	Manner of Collision i					dition				
						NLIT				
	Road Surface Condition(s) DRY	Roadway	Factor(s)							
	Environment Factor(s)				-					
	ANIMAL (S) IN ROADWA	Υ			NONE					
	Weather Condition(s)				†					
	CLOUDY									
	Animal Type DEER				1	o Trafficwa	-			
	Crash Classification - Locatio	n			Crash Cla	ssification -	-Jurisdiction			
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION					
	Tribal Land				Access Control Special Study NO CONTROL			Special Study		
	Within Interchange Area NO	Junction Location NON-JUNCTION		Intersection NOT AN	on Type INTERSE	CTION				
	Unit Summary =									
	Unit Status Vehicle Operating As Cla					1 **				
	IN TRANSIT		D CLASS				AUTOMO			
5	Vehicle Type PASSENGER CAR					Operating As Endorsements				
	Total Occs	Train/Bus#Recorded	Total#Citat	tions lesued	H Total Traile		lers	Totali	lazMatTypes	
	1	Direction Of Travel	0	0		0		0		
╘	Insurance? YES	NORTHBOUND		Pre CrashTire Mark		Speed Limit 55		Total Lanes 2		
	Most Harmful Event: Collision NON DOMESTICATED A			Special Function NO SPECIAL FUNCTIO		TION NOT		mergency Motor Vehicle Use OT APPLICABLE		
	Traffic Way		Traffic Control				Traffic Control Inoperative/Missing			
	TWO-WAY, NOT DIVIDED Surface Type	ט	NO CONT Road Curva		Road		NO Road Grade			
	BLACKTOP (BITUMINOL	JS)	STRAIGH				LEVEL			
	Truck Bus or HazMat	,	1				1			
	Vehicle License Plate Number Pl			Plate Type		St	Country of Is	SUANCE		
	AKT5958	1		.E	St Country of Issuance WI UNITED STATES					
_	Vehicle Identification N	Make	Make PONTIAC		Year	Model				
2	a 1 G2WP 52 KX2F 1312	PONTIAC			2002		GRAND PRIX			
	Color GLD - GOLD	I	Body Style SD - SEDAN			Bus Use				
	Initial Contact Point	Vehicle Da				<u> </u>		7 8 9 10 11		
	12 - FRONT Extent Of Damage MINOR DAMAGE	07 - LEF	07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR							
	MINOR DAMAGE	1					2012 (3888) 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			

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		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER							
		GOING STRAIGHT		Vehicle Factors						
				NOT APPLICABLE						
		Driver Prior Action Other		NOTAPPLICABLE						
UNIT	VEHICLE	Driver Actions SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.								
9	8	Owner Name PATRICK H WARD (608) 434-2319		Owner Address 325 WALNUT ST LOGANVILLE, W	I 53943 , US					
		Sequence Of Events		l .						
	5	Event DOMESTICATED ANIMAL	ALIVE							
	ន	Event MOTOR VEH IN TRANSPO	ORT							
	8	Event								
	3	Event								
_		Policy Holder								
N		Insurance Company		Individual						
\neg		PROGRESSIVE-UNIVERS	SAL-INSURANCE-COMP	PATRICK WARD						
		Individual								
		Driver	<u>препоприсивноменоменоменоменоме</u>	Citations sued Sex						
		PATRICK H WARD		0	MALE					
	4	(608) 434-2319		Date of Birth	Race					
⊨	ŏ				WHITE					
EN S	2	Address		Driver License Numbe	r					
٠	INDIVIDUAL	325 WALNUT ST LOGANVILLE, WI 53943 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	l On Duty fety Equipment	Crash	Safety Equipment						
		Row	Seat Position	SHOULDER & LAP	BELT					
		01 - FRONT ROW 07 - LEFT HelmetUse		Helmet Compliance						
		Eye Protection		Tint Compliance						
2	8	Injury Se	PARENT INJURY	Airbag NON DEPLOYED						
		Ejected	Ejection Path	HON DE LOTED		Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT API	PLICABLE		NOT TRAPPED				
		Medical Transport		EMS Agency Identifier	•	EMS Run#				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				
		Distract	ed By Source			•				
		Distracted By NOT All Distracted By Action	PPLICABLE (NOT DISTR	ACTED)						
		NOT DISTRACTED								

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		Non Motorist	Striking Unit#	Location					
		Prior Action		•					
UNIT	INDIVIDUAL	Action							
	_								
		Action Other						To/From School	
	I	Drug & Alcohol NO		Use Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Resu	lts	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3		
0	8	Drug Type							
		Individual Condition							
		APPEARED NORM	IAL						
		t Summary ■ Status		LV	ehicle Operating As Class	ification	UnitType		
		RANSIT		l l	CLASS	moduo.	AUTOMOBILE		
02		icle Type SSENGER CAR					Operating As Endo	orsements	
	Tota	Total Occs Train/Bus#Recorded			otal#Citations Issued	Total Trail	ers Total	HazMat Types	
L		Insurance? Direction Of Travel YES SOUTHBOUND			Pre CrashTire Mark	Speed Lin	nit Total	Lanes	
TINO		tHarmful Event: Collision		1 '	pecial Function O SPECIAL FUNCTIO	N	Emergency Motor NOT APPLICAE		
		fic Way D-WAY, NOT DIVIDI	≣D		raffic Control O CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)				oad Curvature TRAIGHT		Road Grade LEVEL		
	Truc NO	k Bus or HazMat							
	1	Vehicle · · · · · ·	STERRICK ST				S S S S S S S S S S S S S S S S S S S		
		License Plate Number RW3005			Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
05	2	Vehicle Identification Number 1C6HJTAG4LL170000			∕lake I EEP	Year 2020	Model GLADIATOR		
		Color GRY - GRAY			Body Style PK - PICKUP Bus Use				
_	Щ	Initial Contact Point 09 - LEFT SIDE MI	nni F	\	/ehicle Damage			7 8 9 10 11	
UNIT	VEHICLE	Extent Of Damage MINOR DAMAGE			07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 11 - LEFT FRONT CORNER 5 4 3 2 1				
	Towed Due To Damage NOT TOWED				Vehicle Removed By OWNER				

Crash Date 11/14/2022
Crash Time 05:30 PM

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		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT								
		Driver Prior Action Other			NOT APPLICABLE					
		Driver Actions								
	ш	NO CONTRIBUTING ACTION								
⊨	VEHICLE									
_	3									
Owner Name Owner Address TAIT MORLEY KISSACK 625 10TH ST										
02	BARABOO, WI 53913 , US									
	Sequence Of Events Event									
	5	MOTOR VEH IN TRANSPI	URI							
	8	Event								
	8	Event								
		Event								
	8									
⊢		Policy Holder								
INI		Insurance Company			Individual					
_		L				KISSACK				
		Individual								
		Driver TAIT MORLEY KISSACK			Citations issued Sex 0 MALE					
	₹	(608) 415-1223		Date of Birth	Race					
_	INDIVIDUAL				Date of Billin	WHITE				
FIND	2	Address			Driver License Number					
_	2	625 10TH ST BARABOO, WI 53913 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
		BARABOO, WE JSBES , US								
		On Duty Crash		Safety Equipment						
	Sai	fety Equipment		outely Equipment						
		Row Seat Posit		sition	SHOULDER & LA	P BELT				
		01 - FRONT ROW	07 - LE	FT						
		Helmet Use		Helmet Compliance						
		Eye Protection			TintCompliance					
05	88	Injury Si Injury NO AP	everity PARENT II	NJURY	Airbag NON DEPLOYED					
		Ejected	Ejection Pa				Trapped/Extricated			
		NOT EJECTED	NOT EJE	CTED/NOT APP	LICABLE		NOT TRAPPED			
		Medical Transport			EMS Agency Identifie	er	EMS Run#			
	NOT TRANSPORTED									
		Hospital			Date of Death		Time of Death			
		Distracted By Source								
		Distracted By NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Unit#	Location						
				1						

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	Prior Action					
UNIT	Action					
	Action Other					To/From School
	Drug & Alcohol NO	Alcohol 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	3	
0.2	* /* /*					
	Individual Condition					
	APPEARED NORMAL					