6TL0BGSFHX

22-11557

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/18/2022

Crash Time 04:57 AM

	Document Number Override	Primary Crash Document#	1 -	Agency Crash Number 22-11557		II	Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI				
X	Crash Date 11/18/2022	Crash Time 04:57 AM	Date	Date Arrived		Time	Time Arrived				
F _S	Date Notified 11/18/2022	Time Notified	Total	Units		I	Injured	Total Killed	ł		
GS	11/18/2022	04:57 AM	01			00		00	Reporting		
00	On Emergency Hi	t and Run	Closure	□Wo	rk Zone	***************************************	Trailer or Towed		Threshold		
6TL	Government Active School Zone			School Bus Related NO		Tags	Tags				
	Crash Type NON-DOMESTICATED ANIMAL W/ N				RY		Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
ĺ	Location ———										
Í	ON CTHH SB				Latitude			Longitud	le		
	340 FT N				43.58214	18212		-89.955094795			
	OF SOUTH AVE				X Coordinate ,			Y Coord	Y Coordinate		
	IN THE TOWN OF WINFIELD			261416.109375							
	IN SAUK COUNTY				Structure 1	Tyne	13233				
					NO STR						
(Crash Scene										
1	First Harmful Event				First Harm	ıful Event Lo	cation				
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA						
ŀ	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT			Light Contains						
ŀ	Road Surface Condition(s)				Roadway	Factor(s)					
						(-)					
	Environment Factor(s)				1						
	W 4 0 80 ()				4						
	Weather Condition(s)										
ŀ	Animal Type	уре					Relation To Trafficway				
	DEER					TRAFFICWAY - ON ROAD					
l	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
l	TribalLand					Access Control			Special Study		
- (Unit Summary ————————————————————————————————————										
	Unit Status Vehicle Operating			erating As C	Classification		UnitType				
	1			D CLASS			AUTOMOBILE				
9	Vehicle Type					Operating As Endorsements					
0	PASSENGER CAR										
	,			Total # Citations Issued				1	MatTypes		
	1		0		0		0				
		Direction Of Travel	Pre	CrashTire	Speed Lim		nit Total Lane		es .		
LIND	YES SOUTHBOUND Mark					I Farmer Material Co					
5	l vio o			pecial Function IO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE				
	HOR DOMEOTICATED ARRIVAL (ALIVE)										
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing				
	Surface Type			Road Curvature			Road Grade				

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	Truc	ck Bus or HazMat							
		Vehicle							
10		License Plate Number		Plate Type	St	Country of Issuance	•		
		ABG1028 Vehicle Identification Number		AUT - AUTOMOBILE Make	Wi Year	Model Model	5		
	5	2C3CDXDT1EH122324		DODGE	2014	CHARGER			
		Color		Body Style		Bus Use			
	VEHICLE	GRY - GRAY Initial Contact Point		SD - SEDAN Vehicle Damage			T		
<u> </u>		12 - FRONT					7 8 9 10 11		
UNIT	Ĭ	Extent Of Damage		O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 8 2 3					
	3	DISABLING DAMAGE							
		Towed Due To Damage TOWED DUE TO DISABLE	NG DAMAGE	Vehicle Removed By PLATTS WRECKER					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
		Driver Actions							
	щ	NO CONTRIBUTING ACTION							
NS.	₫								
5	VEHICLE								
		Owner Native: Owner Address							
2	5								
ᆫ		Policy Holder							
\ N		Insurance Company		Individual					
_		PROGRESSIVE-CASUALTY-INS-CO		ANTHONY MESDAY					
		Individual Driver		Citations Issued	Sex				
		ANTHONY SCOTT MESDAY		0					
		(702) 588-0698		Date of Birth	Date of Birth Race				
5	DIMIDITA								
Ž		Address N974C DYER ST # 213C WISCONSIN DELLS, WI 53965, US		Driver License Number					
				STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash fety Equipment		Safety Equipment					
		Row	Seat Position	SHOULDER & LAP (
		700	Geatrosiadis						
		Helmet Use		Helmet Compliance					
		Eye Protection		TintCompliance					
		Injury Severity Injury NO APPARENT INJURY Ejected Ejection Path		Tint Compliance					
10	100			Airbag					
	5			Transad/Eutricated					
						Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED				4			
		Hospital		Date of Death		Time of Death			

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		Distracted By Distracted	By Source					
		Distracted By Action						
		Non Motorist Striking Ur	lit# Location					
		Prior Action						
		Action						
		Action Other					To/From School	
	L	Drug & Alcohol NO	Alcohol Use	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	1		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
2	3	Drug Type						
		Individual Condition						
		APPEARED NORMAL						
mxigsi	menily.							