## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crach Dato			Jocument#	22-1287	Crash Number '6	DEPUTY A	A. WILCOX		
Crash Date 12/26/2022 Date Notified		Crash Time 01:45 AM Time Notified		1	Date Arrived 12/26/2022 Total Units		Time Arrived 02:07 AM  Total Injured Total Killed		
				TotalUn					
12/26/2022		01:56 AM		01		00	00	Reporting	
On Emergency	☐ Hit	and Run	Lane Clo		Work Zone	<b></b>	r or Towed	Threshold	
Government Property		Active So	hool Zone	School E NO	us Related	Tags			
Reportable		Crash Type DT4000 (STA	NDARD CRAS	SH)		Amen	ded	Secondary  Crash	
Diagram							Reconstruction		
			CTH H		Not to	Scale	Photos By A. WILCOX  Additional Info	ormation	

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Crash Time 01:45 AM

L	Location <b>—</b>									
ſ	ON CTHH EB				Latitude			Longit	ude	
	0.31 MI E					43.617549499 -89			1994868	
	OF LYNDON RD IN THE TOWN OF DELLONA					ate		Y Coo	rdinate	
	IN SAUK COUNTY	JNA			270682.3	75		48333	4833321.5	
					Structure Type NO STRUCTURE					
(	Crash Scene									
Ī	First Harmful Event				First Harm	ful Event Lo	cation			
	UTILITY POLE					DWAY				
ŀ	Manner of Collision					tition				
	00 - NO COLLISION W/VEHICLE IN TRANSPORT					NLIT				
Ī	Road Surface Condition(s)				Roadway	Factor(s)				
	DRY, ICE									
ŀ	Environment Factor(s)									
	NONE					JRFACE (	CONDITION	(WET, I	CY, SNOW, SLUSH,	
ļ					ETC)					
	Weather Condition(s)									
	CLEAR									
ŀ	AnimalType				Relation T	o Trafficwa	/			
					TRAFFIC	WAY - 01	N ROAD			
Ī	Crash Classification - Location	n					Jurisdiction			
ļ	PUBLIC PROPERTY						SDICTION		_	
	Tribal Land					Access Control Special Stude NO CONTROL		Special Study		
	Within Interchange Area NO	Junction Location NON-JUNCTION		Intersection NOT AN	n Type INTERSE	CTION				
į	Unit Summary =									
ī	Unit Status		Vehicle Ope	erating As Cl	assification		UnitType			
	IN TRANSIT		D CLASS	Ū	AUTOMOBILE					
	Vehicle Type				Operating As Endorsements			ements		
	PASSENGER CAR									
Ī	Total Occs	Train/Bus#Recorded	Total#Citations Issued		d Total Trail		ers		ızMatTypes	
	2		0	0		0		0		
	Insurance?	Direction Of Travel	Pre	CrashTire			imit Total Lan		nes	
ŀ	YES  Most Harmful Event: Collision	EASTBOUND	SpecialFire	Mark 55		ວວ			/- la	
	UTILITY POLE	a vvitn		Special Function NO SPECIAL FUNCT! Traffic Control			Emergency Motor Vehicle Use NOT APPLICABLE  Traffic Control Inoperative/Missing		E	
	Traffic Way	_							rative/Missing	
ļ	TWO-WAY, NOT DIVIDED	D	NO CONT				NO			
	Surface Type BLACKTOP (BITUMINOL	10)	l l	Road Curvature STRAIGHT			Road Grade			
ŀ	Truck Bus or HazMat	33)	STRAIGH	'			LEVEL			
	NO									
	Vehicle		and the state of t	an e e e e e e e e e e	e e e e e e e e e e e	*****		8888888		
000000000000000000000000000000000000000	License Plate Number	Plate Type	Plate Type St AUT - AUTOMOBILE WI Make Yea		St	Country of Issuance				
	ANS4446	AUT - AU			WI	UNITED STATES  Model				
900000000000000000000000000000000000000	Vehicle Identification N	l			Year					
	<b>5NPE</b> 34AB7FH1425	524		HYUNDAI		2015	SONATA			
opposite a	Color	ONG - ORANGE			Body Style SD - SEDAN		Bus Use			
AND RESIDENCE								-		
3	Initial Contact Point	A et Hote Da	Vehicle Damage					7 8 9 10 11		
	11 - LEFT FRONT C  Extent Of Damage  DISABLING DAMAG	ı								

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		Towed Due To Damage TOWED DUE TO DISABL	ING DAMAGE	Vehicle Removed By CRAIGS TOWING				
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT		NOT APPLICABLE				
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions	1011					
<u> </u>	Щ	NO CONTRIBUTING ACT	IUN					
	VEHICL							
_	¥							
		0 11		10 11				
		OwnerName ASHLEY J DAVISON		Owner Address \$1075 LITTLESC	LDIER LN			
2	5	(608) 403-6886		WISCONSIN DEL	LS, WI 53965 , U	JS		
		Sequence Of Events LEvent						
	5	RUN OFF ROADWAY LE	-т					
	8	Event DITCH						
	8	Event UTILITY POLE						
		Event						
	3	275111						
_		Policy Holder						
NS.		Insurance Company WISCONSIN-MUTUAL-INS-CO		Individual				
-			S-CO	DUSTIN ZASTAVA				
		Individual Driver	<u>Ubuhubuhuhuhuh penenghan balah ba</u>	Citations Issued	Sex			
		DUSTIN D ZASTAVA		0	MALE			
	5	(608) 403-6006		Date of Birth Race WHITE				
E N	INDIVIDUAL	Address		Driver License Number				
>	9	S1075 LITTLESOLDIER L WISCONSIN DELLS, WI 5		STATE: WISCONSIN COUNTRY: UNITED STATES				
		WISCONSIN DELLS, WI	53805 , US	STATE. WISCONSIA GOSATAT. STATES STATES				
		On Duty	y Crash	Safety Equipment				
	Sai	fety Equipment						
		Row Seat Position 01 - FRONT ROW 07 - LEFT		SHOULDER & LAP BELT				
		HelmetUse	07-LEF1	Helmet Compliance				
		Eye Protection		Tint Compliance				
٤	8	Injury S	everity	Airbag				
	•	\$	PARENT INJURY Ejection Path	NON DEPLOYED		Transport (Extrinated		
		Ejected NOT EJECTED	NOT EJECTED/NOT AF	PLICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport		EMS Agency Identifier	1	EMS Run#		
		NOT TRANSPORTED				1		
		Hospital		Date of Death		Time of Death		
		Distracted Distract	ted By Source	ACTED:		1		
		Distracted By NOT A	FFLICABLE (NOT DISTR	RACTED)				
		NOT DISTRACTED						

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Striking Non Motorist	Unit#	Location					
		Prior Action							
		Action							
	JW								
UNIT	INDIVIDUAL								
_									
		Action Other						To/From School	
	,	l Drug & Alcohol YES	ed Alcohol U	lse	Suspected Drug Use				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST GIVEN		OTHER			00		
		DrugTestGiven TEST NOT GIVEN		Drug Test Type		Drug Test Results			
2	100	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		  ndividual							
		Passenger			Citations issued	Sex			
	H	ASHLEY J DAVISON (608) 403-6886			0 FEMALE Date of Birth Race				
⊨	<u>a</u>				Date of Billi	WHITE			
N T	INDIMIDUAL	Address \$1075 LITTLESOLDIER LI			Driver License Number				
		WISCONSIN DELLS, WI 53965 , US			STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sai	On Duty <b>ety Equipment</b>	Crash		Safety Equipment				
		Row	sition	SHOULDER & LAP I	BELT				
		01 - FRONT ROW 09 - RIGHT HelmetUse		HelmetCompliance					
		Eye Protection			Tint Compliance				
	~				Airbag				
2	35	Injury Severity NO APPARENT INJURY			NON DEPLOYED				
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APP			LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#		
		Hospital			Date of Death		Time of Death		
		Distracte	ed By Source	<del>)</del>			<u> </u>		
		Distracted By Distracted By Action							
			4 1 1 44	11					
		Non Motorist	unit#	Location					

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ı									
		Prior Action							
		Action							
	4								
_	3								
I⊑	ō								
UNIT	5								
	INDIVIDUAL								
	2								
		Action Other						To/From School	
			Suspected Alcohol U	lse	Suspected Drug Use				
	£	Drug & Alcol	hol No		NO				
	1	Alcohol Test Given Alcohol Test Typ				Alcohol Test Results			
		TEST NOT GIV		Alcohorrestrype	pe		Alcohorrestitesuis		
				Dwg Tast Tyre		In 7 (n 1			
		Drug Test Given TEST NOT GIV	en Drug Test Type		Drug Test Resu				
01	002	Drug Type							
-	0								
		Individual Conditi	ion						
		APPEARED NO	ORMAI						
		A C LANES III	J. C.						
l	Drai	perty Owne	r						
		<u> </u>							
01	Orga All	nization/Company	•		Address 4902 N BILTMORE				
					MADISON, WI 53707	1077, US			
PROP OWNER					,	,			
포용									
	Fixe	ed Objects S	truck				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
		Striking Unit	Struck Object	**********	*************		Structure Number	Jamago Tag Number	
	5	01	UTILITY POLE					Damage Tag Number 37607	
	_	U t	U IILH I FULE				١	31001	