

6TL0BJ1GNV

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-10822</b>		Investigating Officer/Deputy <b>DEPUTY J. MACASKILL</b>	
Crash Date <b>10/05/2023</b>		Crash Time <b>06:27 AM</b>		Date Arrived <b>10/05/2023</b>		Time Arrived <b>06:47 AM</b>	
Date Notified <b>10/05/2023</b>		Time Notified <b>06:28 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

**Description**

Diagram		Reconstruction By	
		Photos By	
		Additional Information <b>NONE</b>	

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

ON 10/5/23 AT APPROXIMATELY 0627, UNIT 2 WAS DRIVING SOUTHBOUND ON CTH H NEAR N DEWEY AVE. UNIT 2 BEGAN ACCELERATING AS THE VEHICLE IN FRONT OF THEM HAD JUST TURNED. AS UNIT 2 WAS GETTING UP TO SPEED, UNIT 2 NOTICED A DEAD DEER IN THE MIDDLE OF THE ROADWAY. UNIT 2 APPLIED THE BRAKES AS TO AVOID HITTING THE DEAD DEER. UNIT 1 WAS BEHIND UNIT 2. UNIT 1 WAS NOT ABLE TO STOP IN TIME AND STRUCK THE REAR DRIVER SIDE OF UNIT 2 WITH THE FRONT PASSENGER SIDE OF UNIT 1. UNIT 2 STATED THE FOG CAUSED HIM TO SEE THE DEER AT THE LAST MINUTE AND UNIT 1 STATED THE FOG CAUSED HIM TO NOTICE UNIT 2 STOPPING AT THE LAST MINUTE. OPERATOR OF UNIT 1 WAS ISSUED A WRITTEN WARNING FOR DRIVING TO CLOSE.

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23-10822

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

**Location**

ON CTHH SB 287 FT S OF N DEWEY AVE IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude <b>43.561501768</b>	Longitude <b>-89.972785178</b>
	X Coordinate <b>259905.703125</b>	Y Coordinate <b>4827466</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

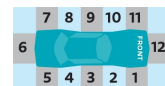
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAWN</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s) <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS, ANIMAL (S) IN ROADWAY</b>			
Weather Condition(s) <b>FOG</b>			
Animal Type <b>DEER</b>		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

**Unit Summary**

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

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>ASW5454</b>				Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>4T1BE32K62U055442</b>				Make <b>TOYOTA</b>	Year <b>2002</b>	Model <b>CAMRY</b>
		Color <b>BGE - BEIGE</b>				Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>				Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>						



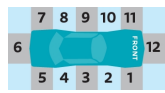
UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FOLLOWING TOO CLOSE</b>				
01	01	Owner Name <b>MICHAEL SCHANKE</b> (608) 434-3750		Owner Address <b>N2040 COUNTY ROAD J</b> <b>LYNDON STATION, WI 53944 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>ALLSTATE-INS-CO</b>	Individual <b>MICHAEL SCHANKE</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>MICHAEL SCHANKE</b> (608) 434-3750		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>N2040 COUNTY ROAD J</b> <b>LYNDON STATION, WI 53944 , US</b>		Date of Birth	Race <b>WHITE</b>
				Driver License Number	
01	001	<b>Safety Equipment</b>		On Duty Crash	
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
			Drug Type				
			Individual Condition <b>APPEARED NORMAL</b>				

**Unit Summary**

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>PASSENGER CAR</b>					Operating As Endorsements	
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash <b>Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>						

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>				
		License Plate Number <b>AJV3491</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>JN8AE2KP9D9064345</b>	Make <b>NISSAN</b>	Year <b>2013</b>	Model <b>QUEST</b>	
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>VN - VAN</b>		Bus Use	
		Initial Contact Point <b>07 - LEFT REAR CORNER</b>	Vehicle Damage			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>			



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02 02	Owner Name <b>PATRICK MESSA (608) 566-7321</b>	Owner Address <b>W3191 FERN AVE MONTELLO, WI 53949 , US</b>		
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>INTEGRITY-INS-CO</b>	Individual <b>PATRICK MESSA</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>PATRICK MESSA (608) 566-7321</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>W3191 FERN AVE MONTELLO, WI 53949 , US</b>	Driver License Number		
02 002	<b>Safety Equipment</b>		Safety Equipment	
	On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
02 002	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	
	Hospital		EMS Run #	
			Date of Death	
		Time of Death		
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>		Striking Unit #	Location	

UNIT	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	02	002	