

6TL0D1PTNS  
23-11486

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0D1PTNS

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-11486</b>		Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>10/23/2023</b>		Crash Time <b>05:42 AM</b>		Date Arrived <b>10/23/2023</b>		Time Arrived <b>06:17 AM</b>	
Date Notified <b>10/23/2023</b>		Time Notified <b>05:58 AM</b>		Total Units <b>01</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"/> 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	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

Description

Diagram		Reconstruction By	
		Photos By <b>DEP. S. MESSNER</b>	
		Additional Information <b>PHOTOS</b>	

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

ON 10/23/2023, AT APPROXIMATELY 5:42 PM, UNIT 1, A 2015 FORD ESCAPE BEARING WI# 759ZMN, WAS BEING DRIVEN BY ANGELA STEELE, SOUTHBOUND ON US 12 BEFORE THE INTERSECTION OF CTH Z. AN UNKNOWN OBJECT STRUCK THE FRONT WINDSHIELD, SHATTERING THE WINDSHIELD. UNKNOWN IF THERE WAS NORTHBOUND VEHICLES. THE OPERATOR WAS ABLE TO REMOVE THE VEHICLE TO THE NEAREST GAS STATION. NO INJURIES. INCIDENT WAS DOCUMENTED.

**Location**

<b>ON USH12 EB</b> <b>210 FT N</b> <b>OF USH12 EB</b> <b>IN THE TOWN OF PRAIRIE DU SAC</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.315342879</b>	Longitude <b>-89.759210996</b>
	X Coordinate <b>276249.5625</b>	Y Coordinate <b>4799531.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>OTHER OBJECT - NOT FIXED</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s)  <b>DEBRIS PRIOR ACC</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY, RAIN</b>			
Animal Type		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>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>OTHER</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>(SPORT) UTILITY VEHICLE</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>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>3</b>	
	Most Harmful Event: Collision With <b>OTHER OBJECT - NOT FIXED</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</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>	<b>01</b>				
		License Plate Number <b>759ZMN</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FMCU0G93FUC76854</b>		Make <b>FORD</b>	Year <b>2015</b>	Model <b>ESCAPE</b>
		Color <b>BLK - BLACK</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>13 - TOP</b>		Vehicle Damage		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>13 - TOP</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>NO CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>JOSEPH MAJEWSKI</b>		Owner Address <b>809 1/2 HOLLISTER AVE TOMAH, WI 54660 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>OTHER OBJECT - NOT FIXED</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>	Individual <b>JOSEPH MAJEWSKI</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>ANGELA STEELE (608) 370-0105</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Address <b>12 MAIN ST PORTAGE, WI 53901 , US</b>		Date of Birth <b>WHITE</b>	
		Driver License Number			
UNIT	01	<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			
UNIT	001	<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>					
Distracted By Action <b>NOT DISTRACTED</b>					

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		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>			
	01	001				