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23-11714

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override, Primary Crash Document #, Agency Crash Number 23-11714, Investigating Officer/Deputy DEPUTY B. GOODREAU, Crash Date 10/28/2023, Crash Time 10:01 PM, Date Arrived, Time Arrived, Date Notified 10/28/2023, Time Notified 10:02 PM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY, Amended, Secondary Crash

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

Location

ON USH14 WB 0.77 MI S OF RAINBOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY, Latitude 43.171509041, Longitude -90.04524134, X Coordinate 252471.28125, Y Coordinate 4784363.5, Structure Type NO STRUCTURE

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE), First Harmful Event Location ON ROADWAY, Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type DEER, Relation To Trafficway TRAFFICWAY - ON ROAD, Crash Classification - Location PUBLIC PROPERTY, Crash Classification - Jurisdiction NO SPECIAL JURISDICTION, Tribal Land, Access Control, Special Study

Unit Summary

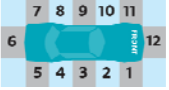
Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type PASSENGER VAN, Operating As Endorsements, Total Occs 5, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel WESTBOUND, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE), Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade

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| | | | | | | |
|---|---------------|--|--|--|--|---|
| | | Truck Bus or HazMat | | | | |
| 01 | UNIT | VEHICLE | Vehicle | | | |
| | | | License Plate Number AML6955 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | | Vehicle Identification Number 1FBAX9YG1LKA22625 | Make FORD | Year 2020 | Model TRANSIT |
| | | | Color SIL - SILVER (ALUMINUM) | Body Style 4H - HATCHBACK 4 DOOR | Bus Use | |
| | | | Initial Contact Point 01 - RIGHT FRONT CORNER | Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT | |  |
| | | | Extent Of Damage FUNCTIONAL DAMAGE | | | |
| | | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | |
| | | | What Driver Was Doing | Vehicle Factors | | |
| | | | Driver Prior Action Other | | | |
| | | | 01 | UNIT | VEHICLE | Driver Actions NO CONTRIBUTING ACTION |
| Owner Name | Owner Address | | | | | |
| Policy Holder | | | | | | |
| 01 | UNIT | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | Individual RYAN MEYER | | | |
| | | Individual | | | | |
| 01 | UNIT | INDIVIDUAL | Driver RYAN MEYER (608) 618-1189 | Citations Issued 0 | Sex MALE | |
| | | | | Date of Birth | Race WHITE | |
| | | | Address 22998 BADGER LN RICHLAND CENTER, WI 53581 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 01 | UNIT | 001 | Safety Equipment | | On Duty Crash | |
| | | | | | Safety Equipment SHOULDER & LAP BELT | |
| | | | Row | Seat Position | | |
| | | | Helmet Use | | Helmet Compliance | |
| | | | Eye Protection | | Tint Compliance | |
| Injury | | Injury Severity NO APPARENT INJURY | Airbag | | | |
| Ejected | | Ejection Path | | Trapped/Extricated | | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # | | |
| Hospital | | Date of Death | | Time of Death | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | |
|-------------|---|------------------------|------------------------------------|---------------------------------|----------------------|
| UNIT | Distracted By | | Distracted By Source | | |
| | Distracted By Action | | | | |
| | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | Drug & Alcohol | | Suspected Alcohol Use NO | 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 | |
| | Drug Type | | | | |
| 01 | 001 | Individual Condition | | | |
| | | APPEARED NORMAL | | | |