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23-12705

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #	Agency Crash Number 23-12705	Investigating Of DEPUTY A. K				
פ	Crash Date 11/26/2023	Crash Time 08:07 AM	Date Arrived 11/26/2023	Time Arrived 08:54 AM				
<u>n</u>	Date Notified	Time Notified	Total Units	Total Injured	Total Killed			
S N	11/26/2023	08:08 AM	01	00	00			
0 1 LUF 333	On Emergency	t and Run		Trailer or	Towed Reporting Threshold			
ם ר פ	Government Property	Active School Zone	School Bus Related NO	Tags				
	Reportable	Crash Type DT4000 (STANDARD CRASH	1)	Amended	Secondary Crash			
[Description							
	Diagram	Not to scale	Ń	P	econstruction By notos By dditional Information ONE			
			County Rd W					
	County Rd W	16 Punts & N						
-	✓ I, a sworn law enforceme	nt officer, agree that I have no	Google ot added any CJIS data in	n this report.				
		ON CH W NEAR MAPLE HILL RD W S REMOVED FROM THE DITCH FRO			FINTO THE DITCH. OPERATOR OF U1 E FROM THE SCENE.			

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1	_oc	ation									
ſ		CTHW WB					Latitude		Longitu	de	
	0.39 MI N OF MAPLE HILL RD IN THE TOWN OF FREEDOM IN SAUK COUNTY					43.420754729			-89.94	4656443	
						X Coordinate			Y Coordinate		
						261624.171875			48117	53	
						Structure Type					
L	~~~	sh Scene									
T	-	Harmful Event									
	DIT						nful Event Lo	ocation			
-		ner of Collision				ROADSIDE					
			EHICLE IN TRANSPORT			Light Condition DAYLIGHT					
-		d Surface Condition(s)			Roadway Factor(s)						
	SNC										
ŀ	Envi	ronment Factor(s)									
	WE	ATHER CONDITIONS				ROAD S ETC)	URFACE	CONDITION	(WET, IC	CY, SNOW, SLUSH,	
-	Wea	ther Condition(s)				1,					
	SNC										
	Anim	nal Type				Relation To Trafficway					
							CWAY - O				
		h Classification - Locatior			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
ľ	Tribal Land					Access Control Special Study					
	\\/itb	in Interchange Area	Junction Location		Intersectio						
	NO	in merchange Area	NON-JUNCTION		N INTERSECTION						
Ī	Jni	t Summary									
		Status		Vehicle Op	erating As C	lassification	1	Unit Type			
	IN T	N TRANSIT D CLASS					AUTOMOBILE				
5	Vehicle Type					Operating As Endorsements					
2	PASSENGER CAR										
	Total Occs Train/Bus # Recorded				tions Issued			ers		zMat Types	
	1		Direction Of Travel	0			0 Speed Lim		0 Total Lor		
	Insurance? Direction Of Travel YES EASTBOUND			Pre	Pre CrashTire		55 Speed Lin		imit Total Lanes 2		
				Special Fur	Mark 55 Special Function		Emergency Motor Vehicle Use		icle Use		
ו	-					FUNCTION NOT APPLICABLE					
ł		îc Way	Traffic Cont	trol	Traffic Control Inoperative/Missing				tive/Missing		
	тwo	D-WAY, NOT DIVIDED)	NO CONT	NO CONTROL			NO			
ľ		асе Туре		Road Curva			Road Grade				
ļ	, ,				CURVE LEFT			UPHILL			
	Truc NO	k Bus or HazMat									
	,	Vehicle									
- 1							St Country of Issuance				
- 1		License Plate Number		Plate Type		_		-			
		NDR823		AUT - AL	, JTOMOBIL	E	IA	UNITED ST			
5		NDR823 Vehicle Identification Nu		AUT - AL Make	JTOMOBIL	E	IA Year	UNITED ST Model			
5	01	NDR823 Vehicle Identification Nu 2A4GP54L17R13691		AUT - AL Make CHRYSL	JTOMOBIL .er	E	IA	UNITED ST Model TNC			
5		NDR823 Vehicle Identification Nu 2A4GP54L17R13691 Color	18	AUT - AL Make	JTOMOBIL ER	E.	IA Year	UNITED ST Model			
5	Е 01	NDR823 Vehicle Identification Nu 2A4GP54L17R13691	18	AUT - AL Make CHRYSL Body Style	JTOMOBIL ER II VAN	.E	IA Year	UNITED ST Model TNC			
	Е 01	NDR823 Vehicle Identification Nu 2A4GP54L17R13691 Color SIL - SILVER (ALUM	18	AUT - AL Make CHRYSL Body Style MV - MIN	JTOMOBIL ER II VAN	.E	IA Year	UNITED ST Model TNC		7 8 9 10 11	
	01	NDR823 Vehicle Identification Nu 2A4GP54L17R13691 Color SIL - SILVER (ALUM Initial Contact Point	I8 IINUM)	AUT - AL Make CHRYSL Body Style MV - MIN Vehicle Da	JTOMOBIL ER II VAN		IA Year	UNITED ST Model TNC		7 8 9 10 11 6 7 8 10 11 7 8 9 10 11 12 12	

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		Towed Due To Damage		Ve	hicle Removed By				
		NOT TOWED			OPERATOR				
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other		NC	OT APPLICABLE				
		Driver Actions							
	щ	SPEED TOO FAST/COND							
F	5								
UNIT	Ĩ								
-	VEHICLE								
	-								
		Owner Name			Owner Address				
~	~	KEVIN MICHALSKI			6094 APACHE CT				
5	6	(630) 981-4405			ASBURY, IA 52002	2,05			
	:	Sequence Of Events							
	6	Event DITCH							
	0								
	02	Event							
	0								
	03	Event							
	U								
	04	Event							
				_					
F	l	Policy Holder							
UNIT		Insurance Company		Individual					
		FARM-BUREAU-CASUALTY-CO		KEVIN MICHALSKI					
	I	Individual							
		Driver		Citations Issued Sex					
	Ļ	KEVIN MICHALSKI (630) 981-4405			0	MALE			
	٩ N				Date of Birth	Race	Race WHITE		
E	NDIVIDUAL	Address 6094 APACHE CT ASBURY, IA 52002 , US							
UNIT	2				Driver License Number STATE: IOWA COUNTRY: UNITED STATES				
	Z								
		On Duty (rash		Safaty Equipmont				
	Sat	On Duty Crash fety Equipment		Safety Equipment					
		Row	Seat Position	SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT		JIOOLDER & EA	DELI			
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
6	001	Injury Severity			Airbag				
0	õ		ARENT INJURY	NON DEPLOYED					
		Ejected Ejection Path				Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT AP					NOT TRAPPED		
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier			EMS Run #		
				Date of Death		Time of Dooth			
	Hospital			Date of Death Time of Death					
	Distracted By Source								
		Distracted By NOT AP		RACI	ED)				
		Distracted By Action	•						
	NOT DISTRACTED								
		L							

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		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
UNIT	INDIVIDUAL								
		Action Other						To/From School	
	L	Drug & Alcohol	Suspected Alcohol U	lse	Suspected Drug Use				
ľ		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
2	001	Drug Type							
		Individual Condition							