## 6TL0FB0014 24-04427

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 24-04427			Investigating Officer/Deputy DEPUTY W. NEUBAUER			
_0FB0014	Crash Date <b>05/03/2024</b>	Crash Time 05:20 AM			Date Arrived		Time	Time Arrived			
	Date Notified <b>05/03/2024</b>	Time Notified 05:43 AM			Total Units 01		Total		Total Killed	i	
	On Emergency	it and Run	t and Run Lane Closi		re Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Property	hool Zone	School Bus Related NO			Tag	Tags				
	<b>✓</b> Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			Y Amended			Secondary Crash	'		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
i	ON CTHBD SB					Latitude Longitude					
	622 FT N					43.481644511				70564415	
	OF LOG LODGE CT										
	IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY				I I			Y Coord 481803			
					Structure NO STR						
	Overela Casara										
,	Crash Scene										
	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSI	PORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
	Livionnent i actor(3)										
	Weather Condition(s)										
	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land					Access Control Special Study					
	Unit Summary Unit Status		LVob	iolo Oporat	ling As C	lassification		11 - 4 T			
				nicle Operating As Classification			Unit Type				
	IN TRANSIT D CLASS							AUTOMOBILE Operating As Endorsements			
01	Vehicle Type							Operating A	As Endorser	ments	
0	PASSENGER CAR										
	Total Occs 1	Train/Bus # Recor	s # Recorded Total # Cit		,, •		1 otal I rail			Total HazMat Types  0	
	Insurance?	Direction Of Trave						d Limit Total Lar		es	
LINI	YES SOUTHBOUND			Pre CrashTire Mark		, oped Em			101 201100		
	Most Harmful Event: Collision With			Special Function			1		Emergency Motor Vehicle Use		
<b>-</b>	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			TION NO		IOT APPLICABLE		
ľ	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Tune							Dood Crado			
	Surface Type			Road Curvature			Road Grade				

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	Truck Bus or HazMat									
	Vehicle									
		License Plate Number	Plate Type	St	Country of Issuance					
10	VEHICLE 01	ABX9196	AUT - AUTOMOBILE		UNITED STATES					
		Vehicle Identification Number 1FADP3L93GL388624	Make FORD	Year <b>2016</b>	Model FOCUS					
		Color	Body Style	2010	Bus Use					
		ONG - ORANGE	HB - HATCHBACK							
		Initial Contact Point	Vehicle Damage							
L		12 - FRONT	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE							
5		Extent Of Damage FUNCTIONAL DAMAGE	FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT  Vehicle Removed By							
		Towed Due To Damage								
		NOT TOWED	OPERATOR							
		What Driver Was Doing	Vehicle Factors	Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
	щ	NO CONTRIBUTING ACTION								
LNO	VEHICLE									
5	표									
	>									
		Owner Name	Owner Address							
2	7									
0	0									
l <u>.                                    </u>		 Policy Holder								
LNO		Insurance Company Individual								
⊃		ALLSTATE-INS-CO	PATRYK POGORZ	ELSKI						
	INDIVIDUAL	ndividual								
		Driver PATRYK POGORZELSKI	Citations Issued							
		(608) 403-1813	<b>0</b> Date of Birth	MALE Race	Race					
<u> </u>			Date of Birth	WHITE						
L N N		Address	Driver License Number	Driver License Number						
_		1875 W PINE ST   BARABOO, WI 53913,US	STATE: WISCONS	STATE: WISCONSIN COUNTRY: UNITED STATES						
		BAICABOO, WI COOTO , CO	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
		On Duty Crash	Safety Equipment							
	Sa	fety Equipment								
		Row Seat Position	SHOULDER & LAP BELT							
		Halmat Han	Helmet Compliance							
		Helmet Use	Helmet Compliance							
	001	Eye Protection	Tint Compliance							
2		Injury Severity  Injury NO APPARENT INJURY	Airbag	Airbag						
ŀ		Ejected Ejection Path		Trapped/Extricated						
		Medical Transport	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED Hospital	Date of Death		Time of Death					
			Date of Death		5. 25441					

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Crash Date 05/03/2024

Crash Time 05:20 AM

Distracted By Source  Distracted By Source									
		Distracted By Action							
			Striking Unit #	Location					
		Non Motorist							
		Prior Action							
		Action							
	A <sub>F</sub>								
╘	2								
UNIT	INDIVIDUAL								
		Action Other						To/From School	
		7.64.61. 64.16.						. 6,1 16.11 66.156.	
		Drug & Alcohol	Suspected Alcohol U	se	Suspected Drug Use				
		_	NO		NO				
		Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN					Alcohol Test Results		
				Drug Test Type Drug Test Result			ds -		
		TEST NOT GIVEN							
01	001	Drug Type							
	0								
		Individual Condition							
		APPEARED NORMAL							