6TL0F1BQ8X 25-00872

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 25-00872			Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI				
X 8	Crash Date 01/29/2025	Crash Time 05:42 PM	Date Arr	Date Arrived		Time	Time Arrived				
1BQ8X	Date Notified 01/29/2025	Time Notified 05:42 PM	Total Ur 01	Total Units 01		Total 00	Total Injured Total Killed 00				
0F	On Emergency Hi	it and Run Lane (Closure	Ш	rk Zone		Trailer or T	owed	Reporting Threshold		
6TL	Government Property	Active School Zone	NO	School Bus Related NO			Tags				
	✓ Reportable	Crash Type NON-DOMESTICATED A	ICATED ANIMAL W/ NO INJUR			RYAmen			Secondary Crash		
	✓ I, a sworn law enforceme	n law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location										
ł	ON WALNUT ST/ STH154 EB	3			Latitude Longitude				e		
	494 FT E				43.434905648		-90.068		3987179		
	OF ELI VALLEY RD	_		<u>;</u>		X Coordinate		Y Coordi	inate		
	IN THE TOWN OF WESTFIEI IN SAUK COUNTY	בט			251616.75		481368		8		
	IN SAUK COUNTY				Structure Type			<u>. I</u>			
					NO STRUCTURE						
- 1	Crash Scene										
,	First Harmful Event				Le:		··				
					First Harmful Event Location						
	NON DOMESTICATED ANIM Manner of Collision			ON ROADWAY Light Condition							
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT			Light Cond	iluori					
	Road Surface Condition(s)	CLE IN TRANSPORT			Roadway I	Footor(a)					
	road ourrace condition(s)				1 (Oadway i	actor(3)					
	Environment Factor(s)										
	Weather Condition(s)	eather 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			
i	Unit Summary ————————————————————————————————————										
	Unit Status		Vehicle Opera	ating As C	Classification Unit Type						
	IN TRANSIT			D CLASS			AUTOMOBILE				
_	Vehicle Type				Operating As Endorsements						
01	PASSENGER CAR										
Ш	Total Occs	Train/Bus # Recorded	Total # Citatio	ns Issued		Total Traile	ers	Total Hazl	Mat Types		
	2		0			0		0			
		Direction Of Travel		rashTire)	Speed Lim	it	Total Lane	es		
	YES EASTBOUND		Mark				Emergency Motor Vehicle Us -				
UNIT	Most Harmful Event: Collision With	Special Functi		TION		Emergency Motor Vehicle Use NOT APPLICABLE		cie Use			
	NON DOMESTICATED ANIM			11014							
	Traffic Way	Traffic Control			Traffic Control Inoperative/Missing						
	Surface Type	Road Curvatu	Dood Cumeture			Road Grade					
	Canado Typo		Noau Curvatu	16			Road Grade				
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	Truc	k Bus or HazMat							
	,	Vehicle							
		License Plate Number AGL2285	Plate Type AUT	St WI	Country of Issuance UNITED STATES				
01	2	Vehicle Identification Number 1FADP3F27GL339747	Make FORD	Year 2016	Model FOCUS				
	VEHICLE	Color RED - RED	Body Style Bus Use SD - SEDAN						
UNIT		Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE	Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE						
		What Driver Was Doing Driver Prior Action Other	Vehicle Factors						
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
01	01	Owner Name	Owner Address						
LINI	ı	Policy Holder Insurance Company	ORGANIZATION/COM	MDANIV					
5		WESTERN-NATIONAL-MUTUAL-INS-CO	MICHAEL J WALDVOGEL TRUCKING LLC						
		Individual I DRIVER	Citations Issued	Citations Issued Sex					
	_	MICHAEL PROCTER	0	MALE					
⊢	INDIVIDUAL	(608) 963-1004	Date of Birth	Race WHITE					
LINO		Address 1415 8TH ST REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
	100	Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
01		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				

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Crash Date 01/29/2025

Crash Time 05:42 PM

		Distracted By	Distracted By Source					
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL	THE CONTRACTOR OF THE CONTRACT						
LNO	INDIVIDUAL							
	N							
		Action Other						To/From School
	Drug & Alcohol NO			se	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		
2	001	Drug Type						
		Individual Condition						
		APPEARED NORM	ИΔΙ					
		AI I LAILLE NOIL	TIAL .					