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25-04142

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 25-04142, Investigating Officer/Deputy DEPUTY K. MCCARTY, Crash Date 05/01/2025, Crash Time 04:04 AM, Date Arrived, Time Arrived, Date Notified 05/01/2025, Time Notified 04:06 AM, 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 STH33 EB
1269 FT E
OF BREEZY HILL RD
IN THE TOWN OF FAIRFIELD
IN SAUK COUNTY
Latitude 43.505510833, Longitude -89.601749497, X Coordinate 289678.5625, Y Coordinate 4820242, Structure Type

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

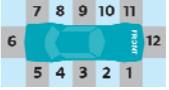
Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type PASSENGER CAR, Operating As Endorsements, Total Occs 1, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel EASTBOUND, Pre 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 ARE3245 | Plate Type AUT | St WI | Country of Issuance UNITED STATES |
| | | | Vehicle Identification Number 1G1BC5SM9H7114894 | Make CHEV | Year 2017 | Model CRUZE |
| | | | Color BLK - BLACK | Body Style SD - SEDAN | Bus Use | |
| | | | Initial Contact Point 12 - FRONT | Vehicle Damage 10 - LEFT SIDE FRONT, 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 RONNIE THOMASON | | | |
| | | Individual | | | | |
| | | DRIVER RONNIE THOMASON | Citations Issued 0 | Sex MALE | | |
| 01 | UNIT | INDIVIDUAL | Date of Birth | Race WHITE | | |
| | | | Address W10445 STATE ROAD 16 LOT 35 PORTAGE, WI 53901 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| | | | Safety Equipment | | On Duty Crash | |
| 01 | UNIT | 001 | Safety Equipment SHOULDER & LAP BELT | | | |
| | | | Row | Seat Position | Helmet Compliance | |
| | | | Helmet Use | | Tint Compliance | |
| | | | Eye Protection | | Airbag | |
| | | | Injury | Injury Severity NO APPARENT INJURY | Ejection Path | |
| | | | Ejected | Trapped/Extricated | | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | | | |
| Hospital | | Date of Death | Time of Death | | | |

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| | | | | | |
|--|----------------------|---|--|---------------------------------|-------------------|
| UNIT | Distracted By | Distracted By Source | | | |
| | | Distracted By Action | | | |
| | Non Motorist | Striking Unit # | Location | | |
| | | Prior Action | | | |
| | INDIVIDUAL | 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 | |
| | 01 | 001 | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results |
| | | | Drug Type | | |
| Individual Condition APPEARED NORMAL | | | | | |