

25-08601

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

| | | | | | | | |
|--|--------------------------------------|---|--|--|--|--|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 25-08601 | | Investigating Officer/Deputy DEPUTY S. MESSNER | |
| Crash Date 08/16/2025 | | Crash Time 05:35 AM | | Date Arrived | | Time Arrived | |
| Date Notified 08/16/2025 | | Time Notified 05:35 AM | | Total Units 01 | | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure | | <input type="checkbox"/> Work Zone | | <input type="checkbox"/> Trailer or Towed | <input type="checkbox"/> Reporting Threshold |
| <input type="checkbox"/> Government Property | | <input type="checkbox"/> Active School Zone | | School Bus Related NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY | | | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Location

| | |
|---------------------------------------|-----------------------------------|
| Latitude 43.273675442 | Longitude -90.023783914 |
| X Coordinate 254626 | Y Coordinate 4795647 |
| Structure Type NO STRUCTURE | |

| | | |
|--|---|---------------|
| 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 |

| | | | | | | |
|----------------|--|---|---|----------------------------|--|--|
| 01 UNIT | 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? NO | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre CrashTire 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 | |

6TL0D1PTR8

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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| | | | | | | |
|------------|---------------|---------------------|--|--|--------------------------------|---|
| | | Truck Bus or HazMat | | | | |
| 01 | UNIT | VEHICLE | Vehicle | | | |
| | | | License Plate Number AKV4816 | Plate Type AUT | St WI | Country of Issuance UNITED STATES |
| | | | Vehicle Identification Number JM1BPBLL6M1308831 | Make MAZD | Year 2021 | Model 3 |
| | | | Color BLK - BLACK | Body Style HB - HATCHBACK | Bus Use | |
| | | | Initial Contact Point 12 - FRONT | Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE | | |
| | | | Extent Of Damage DISABLING DAMAGE | | | |
| | | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By NACHREINER'S TOWING | | |
| | | | What Driver Was Doing | Vehicle Factors | | |
| | | | Driver Prior Action Other | | | |
| | | | 01 | UNIT | VEHICLE | Driver Actions NO CONTRIBUTING ACTION |
| | | | | | | |
| Owner Name | Owner Address | | | | | |
| 01 | UNIT | INDIVIDUAL | Individual | | | |
| | | | DRIVER ANTHONY KOENITZER | Citations Issued 0 | Sex MALE | |
| | | | | Date of Birth | Race WHITE | |
| | | | Address 1190 MAIN STREET #1 PLAIN, WI 53577 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 01 | UNIT | 001 | Safety Equipment | | On Duty Crash | Safety Equipment |
| | | | Row | Seat Position | SHOULDER & LAP BELT | |
| | | | 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 |
| | | | Distracted By | | Distracted By Source | |

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| | | | |
|---|---|------------------------------------|---------------------------------|
| UNIT INDIVIDUAL 01 001 | 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 | | |
| Individual Condition APPEARED NORMAL | | | |