

6TL0B7D6RX  
19-14057

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 <b>19-14057</b>	Investigating Officer/Deputy <b>DEPUTY A. SUKOWATEY</b>	
Crash Date <b>11/11/2019</b>		Crash Time <b>09:55 PM</b>	Date Arrived <b>11/11/2019</b>	Time Arrived <b>10:11 PM</b>	
Date Notified <b>11/11/2019</b>		Time Notified <b>09:56 PM</b>	Total Units <b>01</b>	Total Injured <b>02</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
		Photos By
		Additional Information <b>NONE</b>

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

THE OPERATOR OF UNIT ONE WAS TRAVELING NORTHBOUND ON HWY 23 NORTH OF FELDMAN ROAD WHEN HE COLLIED WITH A DEER IN THE LANE OF TRAFFIC. THE DEER HIT THE FRONT DRIVERS SIDE OF THE VEHICLE AND ALSO THE DRIVERS SIDE WINDOW CAUSING IT TO SHATTER. THE OPERATOR HAD LACERATIONS TO HIS HAND AND REFUSED TRANSPORT BY EMS. THE PASSENGER WAS PREGNANT AND REQUESTED TRANSPORT BY EMS TO THE HOSPITAL AS A PRECAUTION FOR THE PREGNANCY.

Location

<b>ON STH23 WB 812 FT N OF FELDMAN DR IN THE TOWN OF WESTFIELD IN SAUK COUNTY</b>	Latitude <b>43.407945894</b>	Longitude <b>-90.03180327</b>
	X Coordinate <b>254517.3125</b>	Y Coordinate <b>4810583.5</b>
	Structure Type	

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Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type <b>DEER</b>		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

UNIT 01 VEHICLE	License Plate Number <b>AGA9856</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2G1WH52KX59124913</b>		Make <b>CHEVROLET</b>	Year <b>2005</b>	Model <b>IMPALA</b>	
	Color <b>BLK - BLACK</b>		Body Style <b>SD - SEDAN</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>11--LEFT FRONT CORNER</b>		Vehicle Damage <b>9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		Vehicle Removed By <b>OPERATOR</b>			
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>					
	Driver Prior Action Other					

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UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	01	01	01
	Owner Name <b>JOSEPH ALAN DOEDEN (608) 547-2783</b>		Owner Address <b>208 W SOUTH RAILROAD ST KENDALL, WI 54638 , US</b>
<b>Sequence Of Events</b>			
	01	Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	
	02	Event	
	03	Event	
	04	Event	
<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>JOSEPH ALAN DOEDEN (608) 547-2783</b>		Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Date of Birth <b>WHITE</b>
	Address <b>208 W SOUTH RAILROAD ST KENDALL, WI 54638 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>	
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
01	001	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>
			Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
			Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
			EMS Run #
		Hospital	Date of Death
			Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit #	Location
Prior Action			

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UNIT 01	INDIVIDUAL	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>KATIE MARIE SCHLESSINGER (608) 548-4142</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>227 TREMONT ST MAUSTON, WI 53948 , US</b>		Date of Birth	Race <b>WHITE</b>
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
UNIT 01	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>			
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6001024</b>	EMS Run #	
		Hospital <b>REEDSBURG AREA MED CTR</b>	Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source		
		Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location			
	Prior Action				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action				
		Action Other		To/From School		
	<b>01</b>	<b>002</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			