

6TL097RB5D  
20-13045

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL097RB5D

|  |                                      |  |  |                                    |  |   |  |
|--|--------------------------------------|--|--|------------------------------------|--|---|--|
| Document Number Override                       |                                      | Primary Crash Document#                            |  | Agency Crash Number<br>20-13045    |  | Investigating Officer/Deputy<br>DEPUTY L. GJORGJIEV |  |
| Crash Date<br>11/12/2020                       |                                      | Crash Time<br>01:55 AM                             |  | Date Arrived                       |  | Time Arrived  |  |
| Date Notified<br>11/12/2020                    |                                      | Time Notified<br>02:02 AM                          |  | Total Units<br>01                  |  | Total Injured<br>00                                 | Total Killed<br>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<br>NO           |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br>NON-DOMESTICATED ANIMAL W/ NO INJURY |  |                                    |  | <input type="checkbox"/> Amended                    | <input type="checkbox"/> Secondary Crash     |

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

**Location**

|   |                              |                            |
|---|------------------------------|----------------------------|
| ON S252 STH58 NB<br>764 FT S<br>OF LUCHT RD<br>(FIRE S252)<br><br>IN THE TOWN OF LA VALLE<br>IN SAUK COUNTY | Latitude<br>43.635544997     | Longitude<br>-90.124509586 |
|   | X Coordinate<br>247960.78125 | Y Coordinate<br>4836139.5  |
|   | Structure Type<br>FIRE       |                            |

**Crash Scene**

|   |  |               |
|---|--|---------------|
| First Harmful Event<br>NON DOMESTICATED ANIMAL (ALIVE)          | First Harmful Event Location<br>ON ROADWAY                     |               |
| Manner of Collision<br>00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition  |               |
| Road Surface Condition(s)                                       | Roadway Factor(s)  |               |
| Environment Factor(s)   |  |               |
| Weather Condition(s)  |  |               |
| Animal Type<br>DEER   | Relation To Trafficway<br>TRAFFICWAY - ON ROAD                 |               |
| Crash Classification - Location<br>PUBLIC PROPERTY              | Crash Classification - Jurisdiction<br>NO SPECIAL JURISDICTION |               |
| Tribal Land   | Access Control   | Special Study |

**Unit Summary**

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

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|                          |  |               |  |   |   |  |
|--------------------------|--|---------------|--|---|---|--|
| Truck Bus or HazMat      |  |               |  |   |   |  |
| <b>Vehicle</b>           |  |               |  |   |   |  |
| 01<br>UNIT<br>VEHICLE    | License Plate Number<br><b>862VEP</b>                        |               | Plate Type<br><b>AUT - AUTOMOBILE</b>  | St<br><b>WI</b>   | Country of Issuance<br><b>UNITED STATES</b> |  |
|                          | Vehicle Identification Number<br><b>2C4RDGCG0GR361502</b>    |               | Make<br><b>DODGE</b>   | Year<br><b>2016</b>   | Model<br><b>GRAND CARA</b>                  |  |
|                          | Color<br><b>GRY - GRAY</b>                                   |               | Body Style<br><b>VN - VAN</b>  | Bus Use   |   |  |
|                          | Initial Contact Point<br><b>12 - FRONT</b>                   |               | Vehicle Damage   |   |   |  |
|                          | Extent Of Damage<br><b>DISABLING DAMAGE</b>                  |               | <b>11 - LEFT FRONT CORNER, 12 - FRONT</b>  |   |   |  |
|                          | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>  |               | Vehicle Removed By   |   |   |  |
|                          | What Driver Was Doing  |               | Vehicle Factors  |   |   |  |
| 01<br>UNIT<br>VEHICLE    | Driver Prior Action Other                                    |               |  |   |   |  |
|                          | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>              |               |  |   |   |  |
| 01<br>UNIT<br>VEHICLE    | Owner Name   |               | Owner Address  |   |   |  |
|                          |  |               |  |   |   |  |
| <b>Policy Holder</b>     |  |               |  |   |   |  |
| 01<br>UNIT<br>VEHICLE    | Insurance Company<br><b>PHARMACISTS-MUTUAL-INS-CO</b>        |               |  | Organization/Company<br><b>PHILLIPS TOTAL CARE PHARMACY INC</b> |   |  |
|                          | <b>Individual</b>  |               |  |   |   |  |
| 01<br>UNIT<br>INDIVIDUAL | Driver<br><b>PETER TODD GOSDA<br/>(608) 548-3126</b>         |               | Citations Issued<br><b>0</b>   |   | Sex<br><b>MALE</b>                          |  |
|                          |  |               | Date of Birth<br><b>[REDACTED]</b>   |   | Race<br><b>WHITE</b>                        |  |
|                          | Address<br><b>W6732 SULDAL RD<br/>MAUSTON, WI 53948 , US</b> |               | Driver License Number<br><b>[REDACTED]</b><br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |   |   |  |
|                          |  |               |  |   |   |  |
| 01<br>UNIT<br>INDIVIDUAL | <b>Safety Equipment</b>                                      |               | On Duty Crash  |   |   |  |
|                          |  |               | Safety Equipment   |   |   |  |
|                          | Row  | Seat Position | <b>SHOULDER &amp; LAP BELT</b>   |   |   |  |
|                          | Helmet Use   |               | Helmet Compliance  |   |   |  |
|                          | Eye Protection   |               | Tint Compliance  |   |   |  |
| 01<br>UNIT<br>INDIVIDUAL | <b>Injury</b>  |               | Injury Severity<br><b>NO APPARENT INJURY</b>   |   | Airbag                                      |  |
|                          | Ejected  | Ejection Path | Trapped/Extricated   |   |   |  |
|                          | Medical Transport<br><b>NOT TRANSPORTED</b>                  |               | EMS Agency Identifier  |   | EMS Run #                                   |  |
|                          | Hospital   |               | Date of Death  |   | Time of Death                               |  |

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|   |   |                                    |
|---|---|------------------------------------|
| <b>UNIT</b><br><b>INDIVIDUAL</b><br><br><br><br><br><br><b>01</b><br><b>001</b> | <b>Distracted By</b> Distracted By Source   |                                    |
|   | Distracted By Action                        |                                    |
|   | <b>Non Motorist</b>                         | Striking Unit # Location           |
|   | Prior Action                                |                                    |
|   | Action                                      |                                    |
|   | Action Other                                |                                    |
|   | To/From School                              |                                    |
|   | <b>Drug &amp; Alcohol</b>                   | Suspected Alcohol Use<br><b>NO</b> |
|   |   | Suspected Drug Use<br><b>NO</b>    |
|   | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                  |
|   | Alcohol Test Results                        |                                    |
| Drug Test Given<br><b>TEST NOT GIVEN</b>  | Drug Test Type                              |                                    |
|   | Drug Test Results                           |                                    |
| Drug Type   |   |                                    |
| Individual Condition<br><b>APPEARED NORMAL</b>                                  |   |                                    |