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21-07037

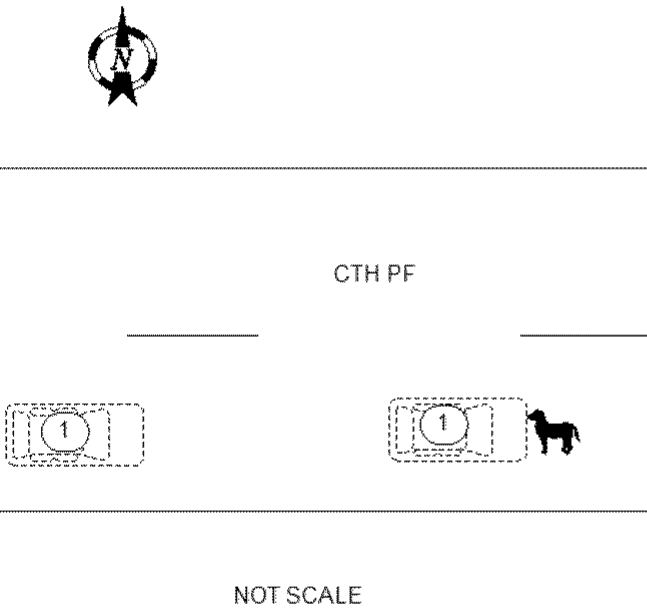
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 21-07037 | Investigating Officer/Deputy DEPUTY A. BREUNIG | |
| Crash Date 07/28/2021 | | Crash Time 04:40 AM | Date Arrived 07/28/2021 | Time Arrived 05:10 AM | |
| Date Notified 07/28/2021 | | Time Notified 05:10 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 DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|---|--------------------------------|
| Diagram  | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

UNIT 1 WAS TRAVELING EASTBOUND ON CTH PF. A RACCOON ATTEMPTED TO CROSS THE ROAD. UNIT 1 STRUCK THE RACCOON WITH THE FRONT AND UNDERCARRIAGE OF THE VEHICLE.

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Location

| | | |
|--|--------------|---------------|
| ON CTHPF EB 0.34 MI W OF DENZER RD IN THE TOWN OF HONEY CREEK IN SAUK COUNTY | Latitude | Longitude |
| | 43.317694301 | -89.904067597 |
| | X Coordinate | Y Coordinate |
| | 264511.34375 | 4800191.5 |
| Structure Type | | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event DOMESTICATED ANIMAL - ALIVE | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type RACCOON(S) | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | | |
|------------|--|---|---|----------------------------|--|--|
| UNIT 01 | 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 | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | Total Lanes 2 | |
| | Most Harmful Event: Collision With DOMESTICATED ANIMAL - ALIVE | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | | |
|-----------------------------|---|--|---------------------------------------|---------------------|---|--|
| UNIT 01 VEHICLE 01 | License Plate Number 657ZPV | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 2HGFA15528H341538 | | Make HONDA | Year 2008 | Model CIVIC LX | |
| | Color GRY - GRAY | | Body Style 4D - 4DR | | Bus Use | |
| | Initial Contact Point 12 - FRONT | | Vehicle Damage | | | |
| | Extent Of Damage DISABLING DAMAGE | | 12 - FRONT, 14 - UNDERCARRIAGE | | | |

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| | | | | |
|---|---|--|---|--|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 | Owner Name CLAYTON R MELLE (608) 778-5670 | | Owner Address 7290 MUDDY HOLLOW LN CASSVILLE, WI 53806 , US | |
| | Sequence Of Events | | | |
| 01 | 01 | Event NON DOMESTICATED ANIMAL (ALIVE) | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company OWNERS-INS-CO | | Individual CLAYTON MELLE | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver BRENNAN ERIC MELLE (608) 778-5670 | | Citations Issued 0 | Sex MALE |
| | Address 7290 MUDDY HOLLOW LN CASSVILLE, WI 53806 , US | | Date of Birth [REDACTED] | Race WHITE |
| | | | Driver License Number [REDACTED] | STATE: WISCONSIN COUNTRY: UNITED STATES |
| 01 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Helmet Use | | Safety Equipment SHOULDER & LAP BELT | |
| | Eye Protection | | Helmet Compliance | |
| | Injury NO APPARENT INJURY | | Airbag NON DEPLOYED | |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | |
| Medical Transport NOT TRANSPORTED | | Trapped/Extricated NOT TRAPPED | | |
| Hospital | | EMS Agency Identifier | | |
| Date of Death | | EMS Run # | | |
| Time of Death | | Hospital | | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

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| | | | | | | |
|---|--|--|-----------------------------|--------------------------|----------------------|--|
| UNIT INDIVIDUAL 01 001 | 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 | | | | | |