

6TL09XQZ3C

21-10230

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 21-10230	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 10/24/2021		Crash Time 08:18 PM	Date Arrived 10/24/2021	Time Arrived 08:34 PM	
Date Notified 10/24/2021		Time Notified 08:20 PM	Total Units 02	Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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

<p>Diagram</p> <p>DRIVE WAY OF S6497</p> <p>NOT TO SCALE</p> <p>STH 23</p>	Reconstruction By
	Photos By ISAAC GALVAN
	Additional Information PHOTOS

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

UNIT 1 TRAVELING SOUTHBOUND ON STH 23. UNIT 1 SLOWED TO AVOID COLLISION WITH A DEER. UNIT 2 WAS THE SECOND VEHICLE BEHIND UNIT 1. THE FIRST VEHICLE WAS ABLE TO GO AROUND UNIT 1 WITHOUT ISSUE. UNIT 2 SWERVED RIGHT TO AVOID COLLISION WITH UNIT 1. UNIT 2 REAR END BEGAN TO FISHTAIL AND SIDE SWIPED UNIT 1 REAR TO REAR. BOTH VEHICLES WERE TOWED AND REMOVED BY STEVE'S AUTO SERVICE. UNIT 1 OPERATOR WAS TRANSPORTED TO REEDSBURG AREA MEDICAL CENTER FOR MINOR INJURIES.

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Location

ON STH23 EB 0.25 MI N OF FELDMAN DR IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.409361551	Longitude -90.031858253
	X Coordinate 254518.578125	Y Coordinate 4810741
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION		Light Condition DARK/UNLIT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) ANIMAL (S) IN ROADWAY			
Weather Condition(s) RAIN			
Animal Type DEER		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	
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, FIRE/EMS	
Date Initial Lane/Rd Closed 10/24/2021	Time Initial Lane/Rd Closed 08:42 PM		
Date All Lanes Open 10/24/2021	Time All Lanes Open 09:45 PM	Date Scene Cleared 10/24/2021	Time Scene Cleared 09:45 PM

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 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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

01	License Plate Number AHE9544	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FMYU941X5KA03204	Make FORD	Year 2005	Model ESCAPE

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UNIT VEHICLE	Color TAN - TAN	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 14 - UNDERCARRIAGE		
	Extent Of Damage DISABLING DAMAGE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors NOT APPLICABLE		
	Driver Prior Action Other			
Driver Actions NO CONTRIBUTING ACTION				
Owner Name JESSICA A DILLEY (608) 415-9304	Owner Address S8205 HIGHLAND RD LOGANVILLE, WI 53943 , US			
Sequence Of Events				
Event MOTOR VEH IN TRANSPORT				
Event				
Event				
Event				
Policy Holder				
Insurance Company ALLSTATE-INS-CO	Individual KYLEIGH MEYER			
Individual				
Driver KYLEIGH ANN MEYER (608) 495-9077	Citations Issued 0	Sex FEMALE		
	Date of Birth [REDACTED]	Race WHITE		
Address S8205 HIGHLAND RD LOGANVILLE, WI 53943 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment				
On Duty Crash	Safety Equipment SHOULDER & LAP BELT			
Row 01 - FRONT ROW	Seat Position 07 - LEFT			
Helmet Use	Helmet Compliance			
Eye Protection	Tint Compliance			
Injury				
Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED			
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		
Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run# 212116		

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UNIT INDIVIDUAL	Hospital REEDSBURG AREA MED CTR		Date of Death	Time of Death
	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
	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
01 001	Drug Type			
	Individual Condition APPEARED NORMAL			
	Individual			
	Passenger JESSICA ANN DILLEY (608) 415-9304		Citations Issued 0	Sex FEMALE
	Address S8205 HIGHLAND RD LOGANVILLE, WI 53943 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01 002	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL 01 002	Distracted By Distracted By Source	
	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		

Unit Summary

UNIT 02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements		
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	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

02 02	License Plate Number SE5926	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GCHK23D26F263412	Make CHEVROLET	Year 2006	Model SLV
	Color BLK - BLACK	Body Style PK - PICKUP	Bus Use	
	Initial Contact Point 08 - LEFT SIDE REAR			

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UNIT VEHICLE	Vehicle Damage		7 8 9 10 11 5 4 3 2 1	
	Extent Of Damage DISABLING DAMAGE			07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			Vehicle Removed By STEVES AUTO SERVICE
	What Driver Was Doing OTHER			Vehicle Factors
	Driver Prior Action Other SWERVE TO MISS COLLISION			NOT APPLICABLE
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name JOHN D MCSWEENEY (608) 434-5202		Owner Address S324 LAVALLE RD LA VALLE, WI 53941 , US	
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
UNIT VEHICLE	Event			
	Policy Holder			
Insurance Company IMT-INS-CO		Individual MASON MCSWEENEY		
UNIT INDIVIDUAL	Individual			
	Driver MASON LEVI MCSWEENEY (608) 434-5202		Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]		Race WHITE	
	Address S324 LAVALLE RD LA VALLE, WI 53941 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Safety Equipment		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	Injury		Injury Severity	
	NO APPARENT INJURY		NO APPARENT INJURY	
	Airbag		NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run#
Hospital		Date of Death	Time of Death	

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UNIT INDIVIDUAL	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	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		
Individual		
Passenger DAKOTA A DEITRICH (608) 434-2946	Citations Issued 0	
	Sex MALE	
	Date of Birth [REDACTED]	
	Race WHITE	
Address 210 BARBRA ANN DR REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment	On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance	
Injury	Injury Severity NO APPARENT INJURY	
	Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED	
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 02 004	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		