WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

	Document Number Override	Primary Crash D	ocument #	Agency 24-060	Crash Number 146	DEPUTY E	g Officer/Deputy B. SONN			
	Crash Date 06/10/2024	Crash Time 08:46 PM Time Notified 09:46 PM		06/10/2024 11:12 P		Time Arrived				
ol Ludarago	Date Notified 06/10/2024					Total Injured	Total Kille	Total Killed 00		
	On Emergency Him	t and Run	Lane Closu		Work Zone	Trailer	or Towed	Reporting Threshold		
	Government Property	Active Sci	hool Zone	School NO	Bus Related	Tags				
,	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amend	led	Secondary Crash		
	Description Diagram						Reconstruction	n Rv		
	Diagram						Reconstruction	пъу		
				ıΩ						
	Ň			ge Rd			Photos By 9104			
	W A DE						Additional Info	rmation		
				e Rd			BODY CAM	ASH CAMERA VIDEO, ERA VIDEO		
				brida						
				raw						
				Co + Strawbridge Rd						
				rawbridge Ra						
				idge						
				awb _r						
			Ž.							
				Not to s	cale, locations are a	pproximate				
	Oalahaahaaa	0	0							
	Solchenberg	ger Cemetery	N	Dutch	Hollow Rd	ND				
						N. F.				
	J, a sworn law enforceme	ent officer, agre	e that I have no	ot added	I any CJIS data in th	is report.				
	NICHOLAS TRODAHL REPORTED	A 2005 OR 2006 S	ILVER FORD MUS	TANG WA	S "MOVING PRETTY GO	OD" AND "DID NO	OT SLOW AT AL	L" AND HAD STRUCK ONE		

OF HIS CALVES CROSSING THE ROADWAY. NICHOLAS SAID HE WAS IN THE ROADWAY WAVING AND YELLING TRYING TO GET THE DRIVERS ATTENTION TO SLOW DOWN, NICHOLAS SAID HE HAD HIS UTV PARTIALLY IN THE ROADWAY WITH THE LIGHTS AND HAZARDS ACTIVATED AS WELL, IN HOPES TO GET OTHER DRIVERS ATTENTION TO SLOW DOWN, NICHOLAS SAID THAT THE CALF THAT WAS STRUCK HE HAD TO EUTHANIZED THE CALF DUE TO INJURY. NICHOLAS FORGOT TO GET THE LICENSE PLATE OR DRIVER'S INFORMATION, BUT DID SAY THE DRIVER STOPPED AND APOLOGIZED FOR HITTING THE CALF. APPROXIMATELY 2 HOURS LATER, I MADE CONTACT WITH NOLAN W. BRUNKEN ON SCENE. NOLAN SAID HIS FATHER WILLIAM BRUNKEN HAD HIM RETURN TO SPEAK TO ME. NOLAN SAID THAT IT WAS NOT HIS FAULT. NOLAN SAID THAT HE WAS BLINDED BY THE UTV LIGHTS AS HE WAS TRAVELING SOUTH ON STRAWBRIDGE RD. NOLAN SAID THE UTV HAD ITS BRIGHTS ON. NOLAN INFORMED ME THAT HE WAS TRAVELING APPROXIMATELY 30 MPH WHEN HE STRUCK THE CALF. NOLAN SAID HE DID NOT SEE IT UNTIL IT WAS TOO LATE. NOLAN SAID THE CALF ROLLED UNDERNEATH HIS CAR AND HE THOUGHT IT DIED. NOLAN WAS ISSUED A CITATION FOR FAILURE TO MAINTAIN CONTROL OF VEHICLE FOR FAILING TO SLOW AND USE REGARD TO POSSIBLE HAZARDS OBSERVED ON THE ROADWAY, WHICH WOULD REQUIRE HIM TO REDUCE SPEED TO AVOID COLLIDING WITH ANY OBJECTS ON THE ROADWAY. THE VEHICLE WAS DRIVEABLE AND REMOVED BY NOLAN.

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	_oc	ation										
- {		S867 STRAWBRIDGE	RD			Latitude			Longitu	de		
	821	FT N			43.615		13.615478695		-90.210962887			
		DEGNER RD				X Coordin	ate		Y Coor	dinate		
	(FIR	E S867)				240900.3		4834177.5				
	INI T	HE TOWN OF WOOD	N AND			Structure Type						
		AUK COUNTY	JLAND			FIRE	Type					
Į			I IIXE									
(Cra	sh Scene 📉										
Ī	First	Harmful Event	First Harmful Event Location									
	DOM	MESTICATED ANIMAI	L - ALIVE			ON ROA	DWAY					
ŀ	Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT						Light Condition					
ŀ	Road Surface Condition(s)					Roadway	Factor(s)					
	DRY	(
ı	Envi	ronment Factor(s)										
	ANI	MAL (S) IN ROADWA	Υ			NONE						
		. ,	•									
	Wea	Neather Condition(s)										
	CLE	AR										
ŀ	Anim	nal Type				Relation T	o Trafficwa	v				
	,	iai Typo					CWAY - O	-				
ŀ	Cras	h Classification - Location										
		BLIC PROPERTY	ı			Crash Classification - Jurisdiction						
ŀ		al Land				NO SPECIAL JURISDICTION Access Control Special Study						
	TTIDE	a Lana				NO CONTROL				Special Study		
ŀ	۱۸/i+h	in Interchange Area	Junction Location		Intersection							
	NO	in Interchange Area	NON-JUNCTION			INTERSECTION						
Į			NON-SONCTION		NOT AN	INTERSE	CTION					
l		t Summary 🗨										
	Unit Status Vehicle Operating As C					21						
		IN TRANSIT D CLASS					AUTOMOBILE					
01	Vehi	cle Type					Operating As Endorsements					
-	PAS	SENGER CAR										
Ī	Tota	Occs	Train/Bus # Recorded	Total # Citations Issued 1 Pre CrashTire Mark		0 Speed Lin		0		HazMat Types		
	2		Direction Of Travel									
	Insu	rance?						nit	Total Lar	al Lanes		
=	YES	•	EASTBOUND					2				
	Most	: Harmful Event: Collision	With	Special Fur		TIO ::		Emergency I				
٦	DO	MESTICATED ANIMAI	NO SPEC	IO SPECIAL FUNCTION			NOT APPLICABLE					
İ	Traff	ic Way	Traffic Con	Traffic Control			Traffic Control Inoperative/Missing					
	TWC	D-WAY, NOT DIVIDED	NO CONT	ROL			NO					
İ	Surfa	асе Туре	Road Curvature					Road Grade				
	CON	NCRETE		CURVE R	IGHT			UPHILL				
ļ	Truc	k Bus or HazMat										
	NO											
	,	Vehicle										
		License Plate Number	Plate Type)	St Country of Issuance							
		AXK3766		, JTOMOBIL	.E	WI	UNITED ST					
		Vehicle Identification Nu	Make			Year	Model					
5	01	1ZVFT80N45519744	FORD Body Style			2005 MUSTANG						
		Color			2005		Bus Use					
		SIL - SILVER (ALUM	CP - COI				Dus Ose					
	ш	Initial Contact Point	Vehicle Da					1				
_		12 - FRONT	V 5.11010 D	90					7 8 9 10 11			
	VEHICL	Extent Of Damage				R, 11 - LEI	FT FRONT		6 2 12			
_	-	•		CORNE	R, 12 - FR(TNC				5 4 3 2 1		
- ∣	Щ	MINOR DAMAGE										

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		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors UNKNOWN						
		NEGOTIATING CURVE								
		Driver Prior Action Other								
LINO	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, LOOKED BUT DID NOT SEE									
7	01	Owner Name WILLIAM BRUNKEN (608) 717-8455		Owner Address S797 HIRST RD REEDSBURG, WI 53959 , US						
	3	Sequence Of Events Event								
	01	DOMESTICATED ANIMAL	ALIVE							
	02	Event								
	03	Event								
	04	Event								
		Policy Holder								
		Insurance Company		Individual						
5		GEICO-GENERAL-INS-CO)	WILLIAM BRUNKE	EN					
	ı	Individual								
		Driver		Citations Issued	Sex					
	Ļ	NOLAN BRUNKEN (608) 717-8455		1 MALE						
⊨	INDIVIDUAL	(666) 1 11 6 166		Date of Birth	Race WHITE					
	$\overline{\leq}$	Address		Driver License Number						
_	N	S797 HIRST RD REEDSBURG, WI 53959	US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		,								
	ļ	On Duty	Crash	Safety Equipment						
	Saf	ety Equipment								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT						
		Helmet Use	0	Helmet Compliance						
		Eye Protection		Tint Compliance						
		Injury Se	averity	Airbag						
2	90	Injury NO AP	PARENT INJURY	NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APF	PLICARI F		Trapped/Extricated NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED				T: (D !)				
		Hospital		Date of Death Time of Death						
		Distracted By Distracte	ed By Source							
		Distracted By Action UNKNOWN								

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		<u>_</u>										
		Non Motorist	Striking Ur	nit#	Location							
		Prior Action										
TINO	INDIVIDUAL	Action										
		Action Other								To/From School		
	L	Drug & Alcohol	Suspected NO	Alcohol U	lse	Suspected Drug U NO	lse					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	е			Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	n Drug Test Type				Drug Test Results	lts				
5	001	Drug Type										
		Individual Condition APPEARED NORMAL										
		Passenger				Citations Issued		Sex				
		JAMES WEBER				0						
_	DUA					Date of Birth		Race				
LIND	INDIVIDUAL	Address UNKNOWN , ,				Driver License Nu	mber					
	Sat	On Duty Crash Safety Equipment				Safety Equipment						
		Row Seat Position				SHOULDER &	LAP E	BELT				
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
2	005	Injury Severity NO APPARENT INJURY				Airbag NON DEPLOYED						
	Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AP					PLICABLE			Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORT	ED			EMS Agency Iden	tifier		EMS Run #			
		Hospital	ED			Date of Death			Time of Death			
		Distracted By	Distracted	By Source)							
		Distracted By Action										
			Otalia: II		I I 4:							
		Non Motorist	Striking Ur	III #	Location							

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		Prior Action										
		Action										
	Ļ											
 -	INDIVIDUAL											
LNO	M											
	ND											
		Action Other		To/From School								
			10	suspected Alco	hal I laa	Suspected Drug Use						
	L	Orug & Alcoh	O N	IO	noi ose	NO						
		Alcohol Test Given			Alcohol Test Typ	е		Alcohol Test Results				
		TEST NOT GIVEN Drug Test Given			Drug Test Type							
		TEŠT NOT GIVEN				Drug Test Results						
2	002	Drug Type										
		Individual Condition										
		APPEARED NO	RMA	AL.								
	Ì	Violations										
	01	UTC Number Issue To? Sta 346		Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL							
•	Pro	perty Owne	r									
01	Indiv NIC	idual HOLAS TRODAI	-IL			Address S867 STRAWBRIDGE	RD					
PROP OWNER		963-6880				WONEWOC, WI 53968 , US						
	Fixe	d Objects St						Structure Number	Demogra Tog Number			
	Striking Unit Struck Object O1 DOMESTICATED ANIMAL - ALIVE						Damage Tag Number NA					
•	Witı	ness										
	Indiv		- 11			Address S867 STRAWBRIDGE	RD		Date of Birth			
N 01	(608) 963-6880	1L			S867 STRAWBRIDGE RD WONEWOC, WI 53968 , US						
WITN ESS 0									_			