6TL0F3SSH8 24-11331

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Do		ent # Agency Crash Number 24-11331		mber	Investigating Officer/Deputy DEPUTY A. KING				
H8	Crash Date 10/11/2024	Crash Time 04:53 AM		Date Arrived		Time	Time Arrived			
3SS	Date Notified 10/11/2024	Time Notified 04:54 AM			Tota 00		l Injured	red Total Killed 00		
6TL0F3SSH8	On Emergency				rk Zone		Trailer or Towed Reporting Threshold			
6ТІ	Government Property Active School Zone NO			ed	Tags					
	Reportable	Reportable Crash Type NON-DOMESTICATED ANIMAL W/ NO IN			RY Amended				Secondary Crash	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location									
-	ON STH33 EB				Latitude			Longitud	e	
	229 FT E							-89.605		
	OF BREEZY HILL RD				X Coordinate		Y Coordina		inate	
	IN THE TOWN OF FAIRFIELD	כ			289381.5		4820129.5			
	IN SAUK COUNTY							4820123.5		
					Structure Type NO STRUCTURE					
	Crash Scene									
•	First Harmful Event				First Harm	ful Event Lo	ocation			
	NON DOMESTICATED ANIMAL (ALIVE)					DWAY				
	Manner of Collision	. ,			Light Cond	dition				
	00 - NO COLLISION W/VEHI	00 - NO COLLISION W/VEHICLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway	Factor(s)				
					-					
	Environment Factor(s)									
	Weather Condition(s)									
	Weather Condition(s)									
	Animal Type DEER				Relation To Trafficway					
					TRAFFICWAY - ON ROAD					
	Crash Classification - Location PUBLIC PROPERTY Tribal Land				Crash Classification - Jurisdiction					
					NO SPECIAL JURISDICTION					
				Acc		Access Control			Special Study	
	Unit Summary									
	Unit Status Vehicle Operating As C					lassification Unit Type				
	IN TRANSIT		D CLAS	S	AUTOMOBILE					
-	Vehicle Type					Operating As Endorsements				
2	PASSENGER CAR									
	Total Occs Train/Bus # Recorded Total # Citation 1 0		# Citations Issued To		Total Traile	D O		Total HazMat Types		
				0						
	Insurance?	Direction Of Travel	Pr	Pre CrashTire Spe		Speed Lim	eed Limit Total Lar		es	
E		EASTBOUND Mark								
UNIT	Most Harmful Event: Collision With Special Function						Emergency Motor Vehicle Use			
–	NON DOMESTICATED ANIMAL (ALIVE) NO SPECIAL				UNCTION		NOT APPLICABLE			
	Traffic Way Traffic Control			Traffi		Traffic Con	Control Inoperative/Missing			
· ·	Surface Type Road Curvature			Road Grade						
				ourrature						
۱.							1			

Wisconsin Motor Vehicle Crash Form DT4000

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	Truck Bus or HazMat										
		Vehicle									
10	VEHICLE 01	License Plate Number ARD2455		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance					
		Vehicle Identification Number 3C4PDDGG5KT794870		Make DODGE	Year 2019	Model JOURNEY					
		Color GRY - GRAY		Body Style UT - SPORT UTILITY	VEHICLE	Bus Use	Bus Use				
UNIT		Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage DISABLING DAMAGE		Vehicle Damage 11 - LEFT FRONT CORNER 7 8 9 10 5 4 3 2							
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BLYSTONES TOWING							
		What Driver Was Doing		Vehicle Factors	Vehicle Factors						
	VEHICLE	Driver Prior Action Other									
UNIT		Driver Actions NO CONTRIBUTING ACTION									
10	01	Owner Name		Owner Address							
-		Policy Holder									
UNIT		Insurance Company AMERICAN-AUTOMOBILE	Individual DENNIS POMEROY								
		ndividual									
	INDIVIDUAL	Driver DENNIS POMEROY (920) 372-3120		Citations Issued 0	Sex MALE						
E				Date of Birth	Race WHITE						
UNIT		Address 1601 21ST ST BARABOO, WI 53913 , US		Driver License Number							
	On Duty Crash			Safety Equipment	Safety Equipment						
		Row	Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
2	001	Injury Sev NO APP	Airbag	Airbag Trapped/Extricated							
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #					
		Hospital		Date of Death		Time of Death					

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. $\begin{array}{c} 2 \quad \text{of} \quad 3 \end{array}$

Crash Date **10/11/2024** Crash Time **04:53 AM**

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		Distracted By	Source						
		Distracted By Action							
		Non Motorist	Location						
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	DN								
							•		
		Action Other					To/From School		
	l	Drug & Alcohol NO	ohol Use	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				
2	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							