6TL09B7DC6 20-00966

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | I | | | Agency Crash Number 20-00966 | | | Investigating Officer/Deputy DEPUTY A. MEEKER | | | | | |
|----------|---|--|---------------------|-----------|--------------------------------------|----------|-------------------------|---|--|-------------|--------------|-------------------------|--|
| 9 | Crash Date | | Crash Time | | Date Arrived | | | Time Arrived | | | | | |
| ပိ | 01/25/2020 | 09:30 PM | | 01/25/ | 2020 | | | 09:38 PM | | | | | |
| 09B7DC | Date Notified 01/25/2020 | | Time Notified | | Total U | nits | | | Total Injured | | Total Killed | J | |
| <u>M</u> | 01/25/2020 | | 09:32 PM | | 01 | | | | 00 | 00 | | Donostina | |
| -09 | On Emergency | Hit | and Run | Lane Clos | | Ш | Work Zo | ne | ш | railer or ⁻ | Towed | Reporting Threshold | |
| 6TL | Government Property Active School Zone | | | | School Bus Related NO | | | Tags | | | | | |
| | Crash Type DT4000 (STANDARD CRASH) | | | | | () | | | | Amended | | Secondary Crash | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | | | |
| | NON REPORTABLE ACCIDE THE RIGHT AND GOT STUC | | | | | | | | | | /ING AND RA | AN OFF ROADWAY TO | |
| | | | | | | | | | | | | | |
| | Location | | | | | | | | | | | | |
| | ON USHL U WB 348 FT N | | | | | | | Latitude 43.55704538 | | | | Longitude -89.778546086 | |
| | OF CTHBD NB IN THE TOWN OF DEL | TON | | | | | | ordinate | 5 | | Y Coordinate | | |
| | IN SAUK COUNTY | | | | | | | 275577.34375 4826428 Structure Type | | | | | |
| | | | | | | | | | | | | | |
| (| Crash Scene | | | | | | | | | | | | |
|] | First Harmful Event | | | | | | First | First Harmful Event Location | | | | | |
| | OTHER NON-COLLISIO | ON | | | | | | ROADSIDE | | | | | |
| | Manner of Collision | | | | | | _ | Light Condition | | | | | |
| | 00 - NO COLLISION W/ | VEHIC | LE IN TRANSF | ORI | | | | DARK/LIGHTED | | | | | |
| | Road Surface Condition(s) | | | | | | Road | Roadway Factor(s) | | | | | |
| | WET | | | | | | | NONE | | | | | |
| | Environment Factor(s) | | | | | | | | | | | | |
| | NONE | | | | | | | | | | | | |
| | Weather Condition(s) | | | | | | | | | | | | |
| | CLOUDY | | | | | | | | | | | | |
| | Animal Type | | | | | | | Relation To Trafficway TRAFFICWAY - NOT ON ROAD | | | | | |
| | Crash Classification - Location | | | | | | | Crash Classification - Jurisdiction | | | | | |
| | PUBLIC PROPERTY Tribal Land | | | | | | NO SPECIAL JURISDICTION | | | | | | |
| | | | | | | | | Access Control Special Study NO CONTROL | | | | | |
| | Within Interchange Area | Within Interchange Area Junction Location In | | | | | ection Type | | | | | | |
| | | | | | | | AN INTERSECTION | | | | | | |
| ĺ | Unit Summary ———————————————————————————————————— | | | | | | | | | | | | |
| | Unit Status Vehicle Operating As Cl | | | | | | | ** | | | | | |
| | IN TRANSIT D CLASS | | | | | | | AUTOMOBILE | | | | | |
| 01 | Vehicle Type Operating As Endorsemen | | | | | | | | ments | | | | |
| | PASSENGER CAR Total Occs Train/Bus # Recorded Total # Citations Issue | | | | | | haus | Total Trailers Total HazMat Types | | | Mat Types | | |
| | 01 | | o1 | | | JIIJ 138 | 0 | | | 0 | | 1,500 | |
| | Insurance? | | Direction Of Travel | | Pre CrashTire | | Tire | Case | | | | Total Lanes | |
| ╘│ | YES | N | ORTHBOUND | | Mark | | | 35 | | 04 | | | |
| LINO | Most Harmful Event: Collision With OTHER NON-COLLISION | | | | Special Function NO SPECIAL FUNCTION | | | · | Emergency Motor Vehicle Use NOT APPLICABLE | | | | |

6TL09B7DC6 20-00966

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| 1 rattic | | iic vvay | Traffic | Control | | Traffic Control Inoperative/Missing | | | | | | |
|----------|--------------|---|----------------------|----------------------------------|-----------|-------------------------------------|--|--|--|--|--|--|
| | TWO | O-WAY, DIVIDED, UNPROTECTED (PAINTED > | NO CONTROL | | | NO | | | | | | |
| | Surface Type | | | Curvature | | Road Grade | | | | | | |
| | BLA | ACKTOP (BITUMINOUS) | CURVE LEFT | | | LEVEL | | | | | | |
| | Truc | k Bus or HazMat | | | | • | | | | | | |
| | NO | | | | | | | | | | | |
| | , | Vehicle | | | | | | | | | | |
| | | License Plate Number | Plate | Туре | St | Country of Issuance | | | | | | |
| | | 425XAR | AUT - AUTOMOBILE WI | | | UNITED STATES | | | | | | |
| | _ | Vehicle Identification Number | Make | | Year | Model | | | | | | |
| | 6 | 1HGCR2F58HA036012 | HON | | 2017 | ACCORD | | | | | | |
| | | Color | Body | • | | Bus Use | | | | | | |
| | | BLK - BLACK | SD - SEDAN | | | | | | | | | |
| _ | VEHICLE | Initial Contact Point | Vehic | Vehicle Damage | | | | | | | | |
| LNO | ≌ | 00 - NON-COLLISION | | NO DAMACE | | | | | | | | |
| ⋾ | 山 | Extent Of Damage NO DAMAGE | 00 - | NO DAMAGE | | | | | | | | |
| | > | Towed Due To Damage | Vehic | le Removed By | | | | | | | | |
| | | NOT TOWED | Verilo | ie Removed by | | | | | | | | |
| | | What Driver Was Doing | Vehic | le Factors | | | | | | | | |
| | | NEGOTIATING CURVE | | | | | | | | | | |
| | | Driver Prior Action Other | NOT | APPLICABLE | | | | | | | | |
| | | | | | | | | | | | | |
| | | Driver Actions | | | | | | | | | | |
| | Щ | RAN OFF ROADWAY, OTHER CONTRIBUTING ACTION | | | | | | | | | | |
| LIND | VEHICL | | | | | | | | | | | |
| 5 | 픖 | | | | | | | | | | | |
| | > | | | | | | | | | | | |
| | | Owner Name Owner Address | | | | | | | | | | |
| | | DAVID R REDLIN | | Owner Address 2611 BROOKSTONE CT | | | | | | | | |
| | 2 | | | WAUKESHA, WI 53188 , US | | | | | | | | |
| | | | | | | | | | | | | |
| | | Sequence Of Events | | | | | | | | | | |
| | | Event | | | | | | | | | | |
| | 2 | RUN OFF ROADWAY RIGHT | | | | | | | | | | |
| | 02 | Event | | | | | | | | | | |
| | 0 | | | | | | | | | | | |
| | 03 | Event | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 8 | Event | | | | | | | | | | |
| | | | | | | | | | | | | |
| ╘ | l | Policy Holder | | | | | | | | | | |
| LIND | | Insurance Company SECURA-INS-A-MUTUAL-CO | | Individual DAVID REDLIN | | | | | | | | |
| | | | | | | | | | | | | |
| | ı | Individual Citations Issued | | | | | | | | | | |
| | | Driver RYAN ERNIE REDLIN | Citations Issued 01 | | | Sex MALE | | | | | | |
| | AL | (920) 960-1343 | | te of Birth | | Race | | | | | | |
| | ⋖ | | | | | I Race | | | | | | |
| _ | DC | | | te or billin | | WHITE | | | | | | |
| Ę | MIDUA | Address | Dri | ver License Number | | | | | | | | |
| LNO | NDIVIDUA | 2611 BROOKSTONE CT | | ver License Number | COUNTRY ! | WHITE | | | | | | |
| LNO | INDIVIDUAL | | | | OUNTRY: L | WHITE | | | | | | |
| LINO | INDIVIDUA | 2611 BROOKSTONE CT WAUKESHA, WI 53188 , US | | ver License Number | OUNTRY: U | WHITE | | | | | | |
| LINO | | 2611 BROOKSTONE CT WAUKESHA, WI 53188 , US | | ver License Number | OUNTRY: U | WHITE | | | | | | |
| LINO | | 2611 BROOKSTONE CT WAUKESHA, WI 53188 , US | | ver License Number | OUNTRY: U | WHITE | | | | | | |

Form DT4000

6TL09B7DC6 20-00966

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/25/2020

Crash Time 09:30 PM

| | | | | | Safety Equipment | | | | | | | |
|-----------------|------------|---|------------------|------------------------------------|--|-------------------|----------------------|----------------|--|--|--|--|
| | | 01 - FRONT ROW | 0 | 7 - LEFT | SHOULDER & LAP BELT | | | | | | | |
| | | Helmet Use | | | Helmet Compliance | | | | | | | |
| | | | | | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | | |
| 5 | 00 | Injury | NO APPARE | | Airbag NON DEPLOYED | | | | | | | |
| | | Ejected NOT EJECTED | ' | on Path EJECTED/NOT APPL | Trapped/Extricated ICABLE NOT TRAPPED | | | | | | | |
| | | Medical Transport | NOT | LJECTED/NOT ATTE | EMS Agency Identifier | EMS Run # | | | | | | |
| | | NOT TRANSPORT | ED | | | | | | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | | | |
| | | Distracted By | Distracted By S | Source MOBILE PHONE | | | | | | | | |
| | | Distracted By Action MANUALLY OPERATING(TEXTING,DIALING,PLAYING GAME ETC) | | | | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | | | | |
| | | Prior Action | | | | | | | | | | |
| | | Action | | | | | | | | | | |
| | INDIVIDUAL | | | | | | | | | | | |
| _ | | | | | | | | | | | | |
| L | | | | | | | | | | | | |
| – | 5 | | | | | | | | | | | |
| | Z | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | | | |
| | | | Suspected Alc | ohol Use | Suspected Drug Use | | | | | | | |
| | | Drug & Alcohol | NO | | NO | | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | | | | | |
| | | Drug Test Given | | Drug Test Type | | Drug Test Results | | | | | | |
| | | TEST NOT GIVEN | | | | | | | | | | |
| 5 | 00 | Drug Type | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | |
| APPEARED NORMAL | | | | | | | | | | | | |
| Violations | | | | | | | | | | | | |
| | 5 | UTC Number BB341074 | Issue To? 001 | Statute Number 346.89(3)(a) | Description TEXTING WHILE DRIVING | | | | | | | |