

6TL0BTWRB9

20-01008

# 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<br><b>20-01008</b>    |  | Investigating Officer/Deputy<br><b>CIVILIAN S. ADMIN</b> |                           |
| Crash Date<br><b>01/27/2020</b>              |                                      | Crash Time<br><b>07:50 AM</b>                |                                    | Date Arrived<br><b>01/27/2020</b>         |  | Time Arrived<br><b>07:59 AM</b>                          |                           |
| Date Notified<br><b>01/27/2020</b>           |                                      | Time Notified<br><b>07:51 AM</b>             |                                    | Total Units<br><b>01</b>                  |  | Total Injured<br><b>00</b>                               | Total Killed<br><b>00</b> |
| <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<br><b>NO</b>           |  | Tags   |                           |
| <input type="checkbox"/> Reportable          |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                    | <input type="checkbox"/> Amended          |  | <input type="checkbox"/> Secondary Crash                 |                           |

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

SLIDE OFF AND PULL OUT ONLY. NO DAMAGE, NON REPORTABLE INCIDENT.

## Location

|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| <b>ON STH113 NB<br/>0.48 MI E<br/>OF CTHDL NB<br/>IN THE TOWN OF GREENFIELD<br/>IN SAUK COUNTY</b> | Latitude<br><b>43.42717476</b>        | Longitude<br><b>-89.688617258</b> |
|  | X Coordinate<br><b>282374.96875</b>   | Y Coordinate<br><b>4811765</b>    |
|  | Structure Type<br><b>NO STRUCTURE</b> |                                   |

## Crash Scene

|  |  |   |               |
|--|--|---|---------------|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>                   |  | First Harmful Event Location<br><b>SHOULDER RIGHT</b>                           |               |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> |  | Light Condition<br><b>DAWN</b>  |               |
| Road Surface Condition(s)<br><b>SNOW, ICE</b>                          |  | Roadway Factor(s)<br><b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b> |               |
| Environment Factor(s)<br><b>WEATHER CONDITIONS</b>                     |  |   |               |
| Weather Condition(s)<br><b>CLOUDY</b>                                  |  |   |               |
| Animal Type  |  | Relation To Trafficway<br><b>TRAFFICWAY - NOT ON ROAD</b>                       |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              |  | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b>           |               |
| Tribal Land  |  | Access Control<br><b>NO CONTROL</b>   | Special Study |
| Within Interchange Area<br><b>NO</b>                                   | Junction Location<br><b>NON-JUNCTION</b> | Intersection Type<br><b>NOT AN INTERSECTION</b>                                 |               |

## Unit Summary

|            |  |  |   |                            |  |  |
|------------|--|--|---|----------------------------|--|--|
| UNIT<br>01 | Unit Status<br><b>IN TRANSIT</b>                                 |  | Vehicle Operating As Classification<br><b>D CLASS</b>   |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|            | Vehicle Type<br><b>PASSENGER CAR</b>                             |  |   |                            | Operating As Endorsements                            |  |
|            | Total Occs<br><b>2</b>   | Train/Bus # Recorded                     | Total # Citations Issued<br><b>0</b>                    | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|            | Insurance?<br><b>NO</b>  | Direction Of Travel<br><b>NORTHBOUND</b> | <input checked="" type="checkbox"/> Pre Crash Tire Mark | Speed Limit<br><b>55</b>   | Total Lanes<br><b>2</b>                              |  |
|            | Most Harmful Event: Collision With<br><b>OTHER NON-COLLISION</b> |  | Special Function<br><b>NO SPECIAL FUNCTION</b>          |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |

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|--|--|--------------------------------------|--|--|--|
| Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>   |  | Traffic Control<br><b>NO CONTROL</b> |  | Traffic Control Inoperative/Missing<br><b>NO</b> |  |
| Surface Type<br><b>BLACKTOP (BITUMINOUS)</b> |  | Road Curvature<br><b>CURVE LEFT</b>  |  | Road Grade<br><b>DOWNHILL</b>                    |  |
| Truck Bus or HazMat<br><b>NO</b>             |  |                                      |  |  |  |

  

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| UNIT  | VEHICLE   | <b>Vehicle</b>  |   |   |   |
|   |   | License Plate Number<br><b>ABD9477</b>                    | Plate Type<br><b>AUT - AUTOMOBILE</b>     | St<br><b>WI</b>   | Country of Issuance<br><b>UNITED STATES</b> |
|   |   | Vehicle Identification Number<br><b>2G1WB58K989180130</b> | Make<br><b>CHEVROLET</b>                  | Year<br><b>2008</b>   | Model<br><b>IMPALA</b>                      |
|   |   | Color<br><b>WHI - WHITE</b>                               | Body Style<br><b>4D - 4DR</b>             | Bus Use   |   |
|   |   | Initial Contact Point<br><b>00 - NON-COLLISION</b>        | Vehicle Damage                            |   |   |
|   |   | Extent Of Damage<br><b>NO DAMAGE</b>                      | <b>00 - NO DAMAGE</b>                     |   |   |
|   |   | Towed Due To Damage<br><b>NOT TOWED</b>                   | Vehicle Removed By<br><b>MIKES TOWING</b> |   |   |
|   |   | What Driver Was Doing<br><b>NEGOTIATING CURVE</b>         | Vehicle Factors                           |   |   |
|   |   | Driver Prior Action Other                                 | <b>NOT APPLICABLE</b>                     |   |   |
|   |   | Driver Actions<br><b>SPEED TOO FAST/COND</b>              |   |   |   |
| UNIT  | VEHICLE   |   |   |   |   |
|   |   | Owner Name<br><b>SCOTT M BROWN<br/>(608) 929-1452</b>     |   | Owner Address<br><b>S8897 KELLER RD<br/>PRAIRIE DU SAC, WI 53578 , US</b> |   |
|   |   | <b>Sequence Of Events</b>                                 |   |   |   |
|   |   | Event<br><b>OTHER NON-COLLISION</b>                       |   |   |   |
|   |   | Event   |   |   |   |
|   |   | Event   |   |   |   |
|   |   | Event   |   |   |   |
|   |   | <b>Individual</b>   |   |   |   |
|   |   | Driver<br><b>SCOTT M BROWN<br/>(608) 929-1452</b>         | Citations Issued<br><b>0</b>              | Sex<br><b>MALE</b>  |   |
|   |   |   | Date of Birth                             | Race<br><b>WHITE</b>  |   |
| Address<br><b>S8897 KELLER RD<br/>PRAIRIE DU SAC, WI 53578 , US</b> | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |   |   |   |   |
| UNIT  | INDIVIDUAL  | <b>Safety Equipment</b>                                   |   | On Duty Crash   |   |
|   |   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>        |   |   |   |
|   |   | Row<br><b>01 - FRONT ROW</b>                              | Seat Position<br><b>07 - LEFT</b>         |   |   |
|   |   | Helmet Use  |   | Helmet Compliance   |   |

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|--|---|-------------------------|--|--|-------------------------------|--|-----------|------|--|
| 01   | 001   | Eye Protection          |  | Tint Compliance                                    |                               |  |           |      |  |
|  |   | <b>Injury</b>           | Injury Severity<br><b>NO APPARENT INJURY</b>                   |  | Airbag<br><b>NON DEPLOYED</b> |  |           |      |  |
|  |   |                         | Ejected<br><b>NOT EJECTED</b>                                  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |                               | Trapped/Extricated<br><b>NOT TRAPPED</b> |           |      |  |
|  |   |                         | Medical Transport<br><b>NOT TRANSPORTED</b>                    |  | EMS Agency Identifier         |  | EMS Run # |      |  |
|  |   | Hospital                |  | Date of Death                                      |                               | Time of Death                            |           |      |  |
|  |   | <b>Distracted By</b>    | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |  |                               |  |           |      |  |
|  |   |                         | Distracted By Action<br><b>NOT DISTRACTED</b>                  |  |                               |  |           |      |  |
|  |   |                         | <b>Non Motorist</b>  | Striking Unit #                                    | Location                      |  |           |      |  |
|  |   | Prior Action            |  |  |                               |  |           |      |  |
|  |   | UNIT                    | INDIVIDUAL   | Action   |                               |  |           |      |  |
| Action Other                                   |   |                         |  |  |                               |  |           |      |  |
| To/From School                                 |   |                         |  |  |                               |  |           |      |  |
| <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b>          |                         |  | Suspected Drug Use<br><b>NO</b>                    |                               |  |           |      |  |
|  | Alcohol Test Given<br><b>TEST NOT GIVEN</b> |                         |  | Alcohol Test Type                                  |                               | Alcohol Test Results                     |           |      |  |
| Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                              |                         |  | Drug Test Results                                  |                               |  |           |      |  |
| Drug Type                                      |   |                         |  |  |                               |  |           |      |  |
| Individual Condition<br><b>APPEARED NORMAL</b> |   |                         |  |  |                               |  |           |      |  |
| UNIT   | INDIVIDUAL                                  |                         |  | Individual   |                               | Citations Issued<br><b>0</b>             |           | Sex  |  |
|  |   |                         |  |  |                               | Date of Birth                            |           | Race |  |
|  |   | Address<br>, ,          |  | Driver License Number                              |                               |  |           |      |  |
|  |   | <b>Safety Equipment</b> | On Duty Crash  |  | Safety Equipment              |  |           |      |  |
|  |   |                         | Row  | Seat Position                                      |                               |  |           |      |  |
|  |   |                         | Helmet Use   |  | Helmet Compliance             |  |           |      |  |
|  |   |                         | Eye Protection   |  | Tint Compliance               |  |           |      |  |

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|---------------------------|-----|----------------------|----------------------|----------------------------|-----------------------|--|----------------------|--|
| 01                        | 002 | <b>Injury</b>        | Injury Severity      |                            | Airbag                |  |                      |  |
|                           |     |                      | Ejected              |                            | Ejection Path         |  | Trapped/Extricated   |  |
|                           |     |                      | Medical Transport    |                            | EMS Agency Identifier |  | EMS Run #            |  |
|                           |     |                      | Hospital             |                            | Date of Death         |  | Time of Death        |  |
|                           |     | <b>Distracted By</b> | Distracted By Source |                            |                       |  |                      |  |
|                           |     |                      | Distracted By Action |                            |                       |  |                      |  |
|                           |     | <b>Non Motorist</b>  | Striking Unit #      |                            | Location              |  |                      |  |
|                           |     |                      | Prior Action         |                            |                       |  |                      |  |
|                           |     | 01                   | 002                  | <b>UNIT<br/>INDIVIDUAL</b> | Action                |  |                      |  |
|                           |     |                      |                      |                            | Action Other          |  |                      |  |
| <b>Drug &amp; Alcohol</b> |     |                      |                      |                            | Suspected Alcohol Use |  | Suspected Drug Use   |  |
| Alcohol Test Given        |     |                      |                      |                            | Alcohol Test Type     |  | Alcohol Test Results |  |
| Drug Test Given           |     |                      |                      |                            | Drug Test Type        |  | Drug Test Results    |  |
| Drug Type                 |     |                      |                      |                            |                       |  |                      |  |
| Individual Condition      |     |                      |                      |                            |                       |  |                      |  |