### 6TL09T1TP9 20-01994

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Document #				Agency Crash Number <b>20-01994</b>			Investigating Officer/Deputy DEPUTY C. GALLAGHER			
L09T1TP9	Crash Date <b>02/21/2020</b>	Crash Time 07:00 PM	-					Time Arrived 07:15 PM			
	Date Notified <b>02/21/2020</b>	Time Notified 07:14 PM			Total Units 01		Total	Total Injured Total Killed 00 00		d	
	On Emergency	lit and Run	and Run		ure Work Zone					Reporting Threshold	
<b>6T</b> 1	Government Property	School Bus Related NO			Tags	Tags					
	Reportable	NDARD CRA	ARD CRASH)				Amended	Secondary Crash			
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	NON REPORTABLE SLIDE OFF										
	Location <b>——</b>										
	ON THOMAS RD	Latitude Longitude									
	0.27 MI E					43.525671877 -90.09			-90.099	9757842	
	OF WHITE RD IN THE TOWN OF IRONTON IN SAUK COUNTY						X Coordinate <b>249501.90625</b>			Y Coordinate <b>4823861.5</b>	
	IN OACH COCKET					Structure Type					
	Crash Scene										
	First Harmful Event	First Harmful Event Location									
	DITCH					SHOULDER RIGHT					
	Manner of Collision						Light Condition				
	00 - NO COLLISION W/VEH	IICLE IN TRANS	PORT			DARK/UNLIT					
	Road Surface Condition(s)					Roadway I	Factor(s)				
	SNOW										
	Environment Factor(s)										
	WEATHER CONDITIONS						NONE				
	Weather Condition(s)										
	CLEAR										
	Animal Type						Relation To Trafficway TRAFFICWAY - ON ROAD				
	Crash Classification - Location	Crash Classification - Jurisdiction									
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
	Tribal Land			Access Control Special Study NO CONTROL							
	Within Interchange Area	Intersection	ion Type								
	NO	NOT AN	N INTERSECTION								
	Unit Summary										
	Unit Status Vehicle Operating As Cl						lassification Unit Type				
	IN TRANSIT D CLASS  Vehicle Type						AUTOMOBILE Operating As Endorsements				
01	PASSENGER CAR						opolasing to Endotomonia				
	Total Occs Train/Bus # Recorded Total # Citations Issued						Total Trailers Total HazMat Types			Mat Types	
	1			0		0			0	••	
	Insurance?	Direction Of Trave		Pre CrashTire		9 11:		it Total Lanes		nes	
_	YES	WESTBOUND		1 1	Mark	55		2			
UNIT	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE			

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		ic way	Traffic Control			Traffic Control Inoperative/Missing						
	TWO-WAY, NOT DIVIDED			CONTROL		NO Road Grade						
	Surface Type  BLACKTOP (BITLIMINOUS)			d Curvature RAIGHT		LEVEL						
	BLACKTOP (BITUMINOUS) Truck Bus or HazMat			RAIGHT		LEVEL						
Truck Bus or HazMat  NO												
		Vehicle										
		License Plate Number	Pla	Plate Type St Country of Issuance								
		AJ82621		IT - AUTOMOBILE	IL	UNITED STATES						
		Vehicle Identification Number	Ма	ke	Year	Model						
	9	YV1LZ56D2Y2707735	VC	LVO	2000	CROSS CTRY						
		Color	Во	dy Style		Bus Use						
		BGE - BEIGE		- HATCHBACK 4 DOOR	1							
	Щ	Initial Contact Point	Ve	nicle Damage								
LINO	VEHICLE	14 - UNDERCARRIAGE	۵.,	NO DAMA 05								
5		Extent Of Damage	00	- NO DAMAGE								
	>	NO DAMAGE Towed Due To Damage	Va.	Vehicle Removed By								
		NOT TOWED	OWNER									
		What Driver Was Doing	Vehicle Factors									
		GOING STRAIGHT										
		Driver Prior Action Other										
		Driver Actions										
_	LE	NO CONTRIBUTING ACTION										
	VEHICL											
⋾	山											
	>											
		Owner Name		Owner Address								
		ALLAN J LESAGE	5018 N LEAVITT ST									
	01			CHICAGO, IL 60625 , US								
	,	Sequence Of Events										
	01	Event DITCH										
	•	Event										
	02											
	03	Event										
	0											
	04	Event										
UNIT		Policy Holder Insurance Company		P 11 1								
5		USAA-CASUALTY-INS-CO		Individual ALLAN LESAGE								
		Individual										
		Driver	- 1	Citations Issued Sex								
		ALLAN J LESAGE		)		MALE						
	INDIVIDUAL	(773) 988-4095	H	Date of Birth		Race						
<b>—</b>						WHITE						
L N N		Address		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES								
ر	N	5018 N LEAVITT ST CHICAGO, IL 60625 , US										
	=	01110A30, IL 00023 , 03	[ ]	OTATE. IELINOIS COUNTYT. UNITED STATES								
		L On District Orași										
	Sat	On Duty Crash fety Equipment										
		Row Seat Position										

Form DT4000

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Crash Date 02/21/2020

Crash Time 07:00 PM

					Safety Equipment							
		<u>,                                      </u>										
		04 FDONT DOW		07.1	FFT	SHOULDER & LAP BELT						
		01 - FRONT ROW		07 - L	EFI							
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
10	90	Injury	Injury Severity NO APPARENT INJU		IN HIDV	Airbag						
	0	Ejected		Ejection Path		NON DEPLOYED Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT			APPLICABLE		NOT TRAPPED				
		Medical Transport				EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED										
		Hospital				Date of Death	Time of Death					
		Distracted By Source										
		Distracted By NOT APPLICABLE (NOT DISTRACTED)										
		Distracted By Action NOT DISTRACTED	)									
		Non Motorist	Striking U	nit #	Location							
		Prior Action										
		Action										
		ACCION TO THE PARTY OF THE PART										
	Ļ											
_	U											
LIND	<u>ا</u>											
<b>–</b>	INDIVIDUAL											
	Z											
		Action Other							To/From School			
		Action Circi							Ton Tom Gallooi			
		D 0. All 1 1	Suspecte	d Alcohol I								
	L	Drug & Alcohol	NO									
		Alcohol Test Given			Alcohol Test Type	е		Alcohol Test Results				
		TEST NOT GIVEN			Drug Test Type		Drug Toot Booulto					
		Drug Test Given TEST NOT GIVEN			Drug rest type		Drug Test Results					
01	90	Drug Type										
0	0											
		Individual Condition										
		APPEARED NORM	<b>MAL</b>									