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 20-02186		Investigating Officer/Deputy DEPUTY J. MACASKILL		
3	Crash Date 02/26/2020	Crash Time 09:55 PM Time Notified 09:57 PM		Date Arrived 02/26/2020 Total Units 01		Time Arrived 09:58 PM		
61 LUBJ1GK0	Date Notified 02/26/2020					Total Injured 00 Total Killed 00		ed
S S	On Emergency Hit	and Run	Lane Closu		☐ Work Zone	Trailer	or Towed	Reporting Threshold
<u> </u>	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags		
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amend	ed	Secondary Crash
	Description Diagram			Reconstruction By				
		Uni Uni Un	nit 1 Chris	stmas k			Photos By Additional Info	ormation
					Not Drawn	to Scale		
		nt officer, agre	ee that I have no	ot adde	d any CJIS data in th	is report.		
	ON 2/26/20 AT APPROXIMATELY 2' CROSSED THE CENTER LINE AND REST.							

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Crash Date 02/26/2020

Crash Time 09:55 PM

-	533 OF IN T	CHRISTMAS MOUNTA FT W CHRISTMAS MOUNTA THE TOWN OF DELLO SAUK COUNTY	AIN DR) 2		Latitude 43.615706896 X Coordinate 269048.65625		Longitude -89.862153755 Y Coordinate 4833172.5		
		ACK COOK!				Structure Type			1		
(Cra	sh Scene									
Ī	First	: Harmful Event				First Harm	ful Event L	ocation			
	DIT	-				ON ROADWAY					
		ner of Collision				Light Condition					
			HICLE IN TRANSPORT				DARK/UNLIT				
		d Surface Condition(s)			Roadway Factor(s)						
	DR۱	Y									
Ī	Envi	ronment Factor(s)									
	NOI	NE				NONE					
-	Wes	ather Condition(s)									
	CLE										
	Anim	nal Type				Relation To Trafficway TRAFFICWAY - ON ROAD					
-	Cros	sh Classification - Location									
		BLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
-		al Land				Access Co				Special Study	
						NO CONTROL					
-	Within Interchange Area Junction Location Interse					tion Type					
	NO		NON-JUNCTION		NOT AN I	N INTERSECTION					
	1										
U	JNI	t Summary 🗨									
 		t Summary Status		Vehicle Ope	erating As Cla	assification		Unit Type			
	Unit IN T	Status TRANSIT		Vehicle Ope D CLASS	•	assification		AUTOMO			
	Unit IN T Vehi	Status FRANSIT icle Type			•	assification		7.		ments	
	Unit IN T Vehi PAS	Status FRANSIT icle Type SSENGER CAR	Train/Dup # Departed	D CLASS		assification		AUTOMOI Operating A	s Endorsei		
	Unit IN T Vehi PAS Tota	Status FRANSIT icle Type	Train/Bus # Recorded	D CLASS	•	assification	Total Trai	AUTOMOI Operating A	s Endorsei Total Haz	ments Mat Types	
	Unit IN T Vehi PAS Tota 1	Status FRANSIT icle Type SSENGER CAR	Train/Bus # Recorded Direction Of Travel	D CLASS Total # Cita 3	tions Issued	assification	Total Trai	AUTOMO Operating A	s Endorsei	Mat Types	
10	Unit IN T Vehi PAS Tota 1	Status TRANSIT Icle Type SSENGER CAR II Occs rance?		D CLASS Total # Cita 3		assification	Total Trai	AUTOMO Operating A	s Endorsei Total Haz 0	Mat Types	
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10	Unit IN T Vehi PAS Tota 1 Insui YES	Status TRANSIT Icle Type SSENGER CAR II Occs rance?	Direction Of Travel NORTHBOUND	Total # Cita 3 Pre Special Fun NO SPEC	CrashTire Mark action		Total Trai O Speed Lir	AUTOMOI Operating A	Total Haz Total Lan Total Lan Motor Veh	Mat Types es	
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	Unit IN T Vehi PAS Tota 1 Insuit YES Most UTIII Traff	Status FRANSIT icle Type SSENGER CAR Il Occs rance? S t Harmful Event: Collision \ LITY POLE fic Way D-WAY, NOT DIVIDED	Direction Of Travel NORTHBOUND With	Total # Cita 3 Pre Special Fur NO SPEC Traffic Cont	CrashTire Mark Inction LIAL FUNCT		Total Trai O Speed Lir	AUTOMOI Operating A lers Emergency NOT APPI Traffic Cont	Total Haz 0 Total Lan 2 Motor Veh LICABLE rol Inopera	Mat Types es icle Use	
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0.00 I	Unit IN T Vehi PAS Tota 1 Insur YES Most UTII Traff TW0 Surfa BLA	Status TRANSIT icle Type SSENGER CAR Il Occs Trance? Status Trance? The tharmful Event: Collision Nation Was a collision was	Direction Of Travel NORTHBOUND With	Total # Cita 3 Pre Special Fur NO SPEC Traffic Cont	CrashTire Mark Inction CIAL FUNCTOR		Total Trai O Speed Lir	AUTOMOI Operating A lers Emergency NOT APPI Traffic Cont	Total Haz 0 Total Lan 2 Motor Veh LICABLE rol Inopera	Mat Types es icle Use	
	Unit IN T Vehi PAS Tota 1 Insur YES Most UTII Traff TW0 Surfa BLA	Status TRANSIT icide Type SSENGER CAR II Occs Trance? Status Trance?	Direction Of Travel NORTHBOUND With	Total # Cita 3 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva	CrashTire Mark Inction CIAL FUNCTOR		Total Trai O Speed Lir	AUTOMOI Operating A lers Emergency NOT APP Traffic Cont NO Road Grade	Total Haz 0 Total Lan 2 Motor Veh LICABLE rol Inopera	Mat Types es icle Use	
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		Towed Due To Damage		Vehicle Removed By					
				PLATTS WRECKER					
		What Driver Was Doing		Vehicle Factors					
		NEGOTIATING CURVE							
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
	ш	EXCEED SPEED LIMIT, F	AILURE TO CONTROL						
—	VEHICLE	·							
LNO	¥								
\supset	Ē								
	>								
		Owner Name		Owner Address					
		SUSAN M ZEMAN		11450 CASTOR ST					
7	01			LAS VEGAS, NV 89183 , US					
		Common Of France							
		Sequence Of Events Event							
	01	CROSS CENTERLINE							
		Event							
	02	DITCH							
	•	Event							
	03	UTILITY POLE							
	_	Event							
	04								
		Policy Holder							
LINO		Insurance Company		Individual					
5		GEICO-GENERAL-INS-CO)	LANDON ODELL					
		Individual							
		Driver LANDON LEE ODELL		Citations Issued	Sex				
	7	(702) 572-9809		3	MALE Race				
_	Ú.	,		Date of Birth	WHITE				
	INDIVIDUAL	Address		Driver License Number					
5	D	N279W8939 SUNDOWN C	COURT	STATE: WISCONSIN COUNTRY: UNITED STATES					
	Z	HARTLAND, WI 53029 , U							
		On Duty	Crash	Safety Equipment					
	Sat	fety Equipment							
		Row Seat Position		SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT						
		Helmet Use			Helmet Compliance				
		Eye Protection		Tint Compliance					
5	001	Injury Se	everity	Airbag					
0	8	Injury NO APPARENT INJURY		NON DEPLOYED					
		Ejected	Ejection Path		Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NOT AP			NOT TRAPPED				
	Medical Transport			EMS Agency Identifie	er EMS Run #				
	NOT TRANSPORTED Hospital								
				Date of Death	Time of Death				
			ad Div Carrier						
		Distracted By UNKNO	ed By Source						
		CINKING	J						
		Distracted By Action							

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		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	۸L							
╘	INDIVIDUAL							
UNIT	JVI							
	Z							
		Action Other						To/From School
			Suspected Alco	hol Use	Suspected Drug Use			
	L	Drug & Alcohol	YES		NO			
		Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD			Alcohol Test Results PENDING	
		Drug Test Given		Drug Test Type		Drug Test Results	PENDING	
		TEST NOT GIVEN		Diag rest type		Drug Test Results		
10	001	Drug Type						
)							
		Individual Condition						
		UNDER THE INFL	UENCE OF M	EDICATIONS/DRUGS	6/ ALCOHOL			
	ţ	Violations						
	01	UTC Number AE140594	Issue To? 001	Statute Number 346.63(1)(a)	Description OWI (4th)			
	02	UTC Number AE140595	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VAL	ID LICENSE (1S	T VIOLATION)	
	03	UTC Number AE140596	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP	VEHICLE UNDER	R CONTROL	