

6TL0B4X4N8

20-02195

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 20-02195		Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 02/27/2020		Crash Time 01:30 AM		Date Arrived 02/27/2020		Time Arrived 07:35 AM	
Date Notified 02/27/2020		Time Notified 06:20 AM		Total Units 01		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

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

INVESTIGATION REVEALED THAT VEHICLE WAS WB ON STH 23 AND FAILED TO NEGOTIATE CORNER AND DROVE INTO THE EAST SIDE DITCH AND STRUCK TREES. UNKNOWN DRIVER FLED PRIOR TO LAW ENFORCEMENT ARRIVAL AND PASSENGER WAS LOCATED IN THE BACK SEAT HOWEVER SHE STATED SHE THOUGHT SHE WAS IN THE FRONT SEAT. PASSENGER THOUGHT SOMEONE ELSE WAS DRIVING. IT IS UNKNOWN WHO THE DRIVER AND IF THERE WERE ANY MORE PASSENGERS IN THE VEHICLE. NO INJURIES REPORTED BY ANYONE HOWEVER PASSENGER WAS TRANSPORTED TO HOSPITAL DUE TO BEING COLD. VEHICLE WAS REMOVED FROM SCENE BY BILLS TOWING.

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Location

ON STH23 WB 296 FT N OF DELLWOOD RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.562200124	Longitude -89.839230887
	X Coordinate 270695.21875	Y Coordinate 4827166
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH		First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - NOT ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status HIT AND RUN		Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements		
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2		
	Most Harmful Event: Collision With TREE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE	Vehicle					
		License Plate Number KK1768		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1GCRCSE03BZ224977		Make CHEVROLET	Year 2011	Model SILVERADO			
Color SIL - SILVER (ALUMINUM)		Body Style PK - PICKUP		Bus Use			
Initial Contact Point 00 - NON-COLLISION		Vehicle Damage					
Extent Of Damage FUNCTIONAL DAMAGE		11 - LEFT FRONT CORNER, 12 - FRONT					

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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By BILLS TOWING	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01	Owner Name LEROY D GUIF (608) 678-1366		Owner Address S921 LYNDON RD #152 WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01	01	Event DITCH		
	02	Event TREE		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company AUTO-OWNERS-INS-CO		Individual LEROY GUIF	
UNIT INDIVIDUAL	Individual			
	Driver		Citations Issued 0	Sex
	Address , ,		Date of Birth	Race
			Driver License Number	
01	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source UNKNOWN		
Distracted By Action UNKNOWN				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other			To/From School	
01	001	Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
		Drug Type				
		Individual Condition NOT OBSERVED				
		Individual				
		Passenger AMANDA MARIE MONTROY (608) 566-4460		Citations Issued 0	Sex FEMALE	
				Date of Birth [REDACTED]	Race WHITE	
		Address 506 S MAIN ST #6 PARDEEVILLE, WI 53954 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
		01	002	Safety Equipment		On Duty Crash
Row 02 - SECOND ROW	Seat Position 10 - UNKNOWN SE			RESTRAINT USE UNKNOWN		
Helmet Use				Helmet Compliance		
Eye Protection				Tint Compliance		
Injury				Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT APPLICABLE		
Medical Transport NOT TRANSPORTED				EMS Agency Identifier	EMS Run #	
Hospital				Date of Death	Time of Death	
Distracted By				Distracted By Source		
Distracted By Action						
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other				To/From School
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use		
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	
01	002	Drug Type				
		Individual Condition	NOT OBSERVED			