

6TL097RB4H  
20-02795

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 <b>20-02795</b>	Investigating Officer/Deputy <b>DEPUTY L. GJORGJIEV</b>	
Crash Date <b>03/14/2020</b>		Crash Time <b>05:20 PM</b>	Date Arrived <b>03/14/2020</b>	Time Arrived <b>05:50 PM</b>	
Date Notified <b>03/14/2020</b>		Time Notified <b>05:23 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS DRIVING SOUTH ON HWY 58 NEAR MILLER RD. UNIT 1 WAS NEGOTIATING A SLIGHT CURVE WHEN THE VEHICLE'S TIRE CAUGHT THE GRAVEL ON THE SIDE OF THE ROADWAY. THE DRIVER SAID THE VEHICLE THEN GOT SUCKED INTO THE DITCH AREA. UNIT 1 CONTINUED TO DRIVE THROUGH THE DITCH AND SIDE SWIPED A UTILITY POLE CAUSING A MINOR DAMAGE TO THE VEHICLE AND ONLY SCRAPE MARKS TO THE POLE. UNIT 1 THEN DROVE BACK ONTO THE ROADWAY AND CONTINUED SOUTH ON HWY 58. THE DRIVER WAS NOT INJURED. UNIT 1 SUSTAINED FUNCTIONAL DAMAGE AND WAS REMOVED BY THE DRIVER.

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## Location

ON STH58 SB 88 FT S OF MILLER RD IN THE TOWN OF SUMMIT IN JUNEAU COUNTY	Latitude <b>43.651688825</b>	Longitude <b>-90.12349032</b>
	X Coordinate <b>248110.53125</b>	Y Coordinate <b>4837929.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

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

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>UTILITY POLE</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>101YRC</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3GNAL2EK5ES508604</b>	Make <b>CHEVROLET</b>	Year <b>2014</b>	Model <b>CAPTIVA LS</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>05 - RIGHT REAR CORNER</b>	Vehicle Damage <b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 14 - UNDERCARRIAGE</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>SHARIN K SASS (608) 495-3997</b>		Owner Address <b>175 RIVERVIEW RD REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>RUN OFF ROADWAY RIGHT</b>		
	02	Event <b>DITCH</b>		
	03	Event <b>UTILITY POLE</b>		
	04	Event <b>REENTERING ROADWAY</b>		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>FREDERICK SASS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>FREDERICK JOHN SASS (608) 495-0079</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>175 RIVERVIEW RD REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other				To/From School	
	<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
	<b>Property Owner</b>					
<b>PROP OWNER</b>	<b>01</b>	Organization/Company <b>OAKDALE ELECTRIC CORPORATION</b> <b>(608) 372-4131</b>			Address <b>PO BOX 128</b> <b>OAKDALE, WI 54649 , US</b>	
		<b>Fixed Objects Struck</b>				
<b>01</b>	<b>01</b>	Striking Unit	Struck Object	Structure Number	Damage Tag Number	
		<b>01</b>	<b>UTILITY POLE</b>			