

6TL0CBQ6N3

20-07602

# 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>20-07602</b> | Investigating Officer/Deputy<br><b>DEPUTY B. ZIBELL</b> |  |
| Crash Date<br><b>08/02/2020</b>                         |                                      | Crash Time<br><b>12:00 AM</b>                | Date Arrived<br><b>08/02/2020</b>      | Time Arrived<br><b>07:00 AM</b>                         |  |
| Date Notified<br><b>08/02/2020</b>                      |                                      | Time Notified<br><b>06:45 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 checked="" type="checkbox"/> Government Property |                                      | <input type="checkbox"/> Active School Zone  | School Bus Related<br><b>NO</b>        | Tags  |  |
| <input checked="" type="checkbox"/> Reportable          |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                        | <input type="checkbox"/> Secondary Crash     |

## Description

|             |                                       |
|-------------|---------------------------------------|
| Diagram<br> | Reconstruction By                     |
|             | Photos By                             |
|             | Additional Information<br><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 NORTH BOUND ON E. REDSTONE DR. UNIT 1 FAILED TO NEGOTIATE CURVE TO THE RIGHT. UNIT1 CROSSED THE SOUTH BOUND LANE. UNIT 1 ENTERED THE WEST DITCH HITTING SOME TREES. UNIT 1 CAME TO A STOP FACING WESTBOUND IN THE DITCH. OPERATOR OF UNIT 1 CLAIMED THERE WAS DEER ON OR NEAR THE ROADWAY.

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## Location

|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| ON E REDSTONE DR<br>93 FT W<br>OF MOHAWK CT<br>IN THE TOWN OF LA VALLE<br>IN SAUK COUNTY | Latitude<br><b>43.602692053</b>       | Longitude<br><b>-90.091526324</b> |
|  | X Coordinate<br><b>250485.546875</b>  | Y Coordinate<br><b>4832391</b>    |
|  | Structure Type<br><b>NO STRUCTURE</b> |                                   |

## Crash Scene

|  |   |   |
|--|---|---|
| First Harmful Event<br><b>TREE</b>                                     | First Harmful Event Location<br><b>SHOULDER LEFT</b>                  |   |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>UNKNOWN</b>                                     |   |
| Road Surface Condition(s)<br><b>DRY</b>                                | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>NONE</b>                                   |   |   |
| Weather Condition(s)<br><b>UNKNOWN</b>                                 |   |   |
| Animal Type  | Relation To Trafficway<br><b>TRAFFICWAY - 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

|             |   |   |   |  |                                |
|-------------|---|---|---|--|--------------------------------|
| <b>UNIT</b> | Unit Status<br><b>IN TRANSIT</b>                  | Vehicle Operating As Classification<br><b>D CLASS</b> |   | Unit Type<br><b>TRUCK</b>                            |                                |
|             | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b> | Operating As Endorsements                             |   |  |                                |
|             | Total Occs<br><b>2</b>                            | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>1</b>                          | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|             | Insurance?<br><b>YES</b>                          | Direction Of Travel<br><b>NORTHBOUND</b>              | <input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b> | Speed Limit<br><b>35</b>                             | Total Lanes<br><b>2</b>        |
|             | Most Harmful Event: Collision With<br><b>TREE</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        |   | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|             | 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>STRAIGHT</b>                     |   | Road Grade<br><b>LEVEL</b>                           |                                |
|             | Truck Bus or HazMat<br><b>NO</b>                  |   |   |  |                                |

|             |                |   |  |                     |   |
|-------------|----------------|---|--|---------------------|---|
| <b>UNIT</b> | <b>VEHICLE</b> | <b>Vehicle</b>  |  |                     |   |
|             |                | License Plate Number<br><b>CH0VYS</b>                     | Plate Type<br><b>LTK - LIGHT TRUCK</b> | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|             |                | Vehicle Identification Number<br><b>1D7HG38K34S739966</b> | Make<br><b>DODGE</b>                   | Year<br><b>2004</b> | Model<br><b>DAKOTA QUA</b>                  |
|             |                | Color<br><b>BLU - BLUE</b>                                | Body Style<br><b>PK - PICKUP</b>       |                     | Bus Use                                     |
|             |                | Initial Contact Point<br><b>12 - FRONT</b>                | Vehicle Damage                         |                     |   |
|             |                | Extent Of Damage<br><b>MINOR DAMAGE</b>                   | <b>12 - FRONT, 14 - UNDERCARRIAGE</b>  |                     |   |

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|   |  |   |   |   |  |
|---|--|---|---|---|--|
| UNIT<br>VEHICLE                             | Towed Due To Damage<br><b>TOWED BUT NOT DUE TO DISABLING DAMAG</b> |   | Vehicle Removed By<br><b>SHIELDS TOWING</b>                             |   |  |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>                     |   | Vehicle Factors   |   |  |
|   | Driver Prior Action Other  |   | <b>OTHER</b>  |   |  |
|   | Driver Actions<br><b>UNKNOWN</b>                                   |   |   |   |  |
| 01  | 01   | Owner Name<br><b>DAWN M MECOZI<br/>(262) 215-2408</b> |   | Owner Address<br><b>E4634 EAGLE CT<br/>LAVALLE, WI 53941 , US</b> |  |
| <b>Sequence Of Events</b>                   |  |   |   |   |  |
|   | 01   | Event<br><b>TREE</b>                                  |   |   |  |
|   | 02   | Event   |   |   |  |
|   | 03   | Event   |   |   |  |
|   | 04   | Event   |   |   |  |
| UNIT  | <b>Policy Holder</b>   |   |   |   |  |
|   | Insurance Company<br><b>USAA-GENERAL-INDEMNITY-CO</b>              |   | Individual<br><b>DAWN MECOZI</b>  |   |  |
| UNIT<br>INDIVIDUAL                          | <b>Individual</b>  |   |   |   |  |
|   | Driver<br><b>DAWN M MECOZI<br/>(262) 215-2408</b>                  |   | Citations Issued<br><b>1</b>  | Sex<br><b>FEMALE</b>  |  |
|   | Address<br><b>E4634 EAGLE CT<br/>LAVALLE, WI 53941 , US</b>        |   | Date of Birth   | Race<br><b>WHITE</b>  |  |
|   |  |   | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |   |  |
| 01  | 001  | <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   |   |  |
|   | 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>UNKNOWN</b>                |   |   |  |
| Distracted By Action<br><b>UNKNOWN</b>      |  |   |   |   |  |

WISCONSIN MOTOR VEHICLE CRASH REPORT

|   |            |   |  |  |                                 |                      |  |
|---|------------|---|--|--|---------------------------------|----------------------|--|
| UNIT  | INDIVIDUAL | <b>Non Motorist</b>   |  | Striking Unit #                              | Location                        |                      |  |
|   |            | Prior Action  |  |  |                                 |                      |  |
|   |            | Action  |  |  |                                 |                      |  |
| 01  | 001        | 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>NOT OBSERVED</b>                       |  |  |                                 |                      |  |
|   |            | <b>Individual</b>   |  |  |                                 |                      |  |
|   |            | Passenger<br><b>MICHAEL A RHEA</b><br><b>(608) 343-5032</b>       |  |  | Citations Issued<br><b>0</b>    | Sex<br><b>MALE</b>   |  |
|   |            | Address<br><b>E4634 EAGLE CT</b><br><b>LAVALLE, WI 53941 , US</b> |  |  | Date of Birth                   | Race<br><b>WHITE</b> |  |
| Driver License Number                       |            |   |  |  |                                 |                      |  |
| 01  | 002        | <b>Safety Equipment</b>   |  | On Duty Crash                                |                                 |                      |  |
|   |            | Safety Equipment  |  |  |                                 |                      |  |
|   |            | Row<br><b>01 - FRONT ROW</b>                                      | Seat Position<br><b>09 - RIGHT</b>                 | <b>SHOULDER &amp; LAP BELT</b>               |                                 |                      |  |
|   |            | Helmet Use  |  | Helmet Compliance                            |                                 |                      |  |
|   |            | 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  |  |  |                                 |                      |  |
| Distracted By Action                        |            |   |  |  |                                 |                      |  |
| <b>Non Motorist</b>                         |            | Striking Unit #   | Location   |  |                                 |                      |  |

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|                       |                            |   |  |  |  |                                 |
|-----------------------|----------------------------|---|--|--|--|---------------------------------|
| <b>UNIT</b>           | <b>INDIVIDUAL</b>          | Prior Action  |  |  |  |                                 |
|                       |                            | Action  |  |  |  |                                 |
|                       |                            | Action Other  |  |  | To/From School   |                                 |
|                       | <b>01</b>                  | <b>002</b>  | <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, NOT OBSERVED</b> |  |  |                                 |
|                       | <b>01</b>                  | <b>Violations</b>   |  |  |  |                                 |
|                       |                            | UTC Number<br><b>BF694125</b>                                     | Issue To?<br><b>001</b>                                      | Statute Number<br><b>346.70(1)</b>   | Description<br><b>FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT</b> |                                 |
| <b>Property Owner</b> |                            |   |  |  |  |                                 |
| <b>PROP OWNER</b>     | <b>01</b>                  | Government<br><b>TOWNSHIP OF LAVALLE</b><br><b>(608) 985-7695</b> |  | Address<br><b>218 COMMERCIAL ST</b><br><b>PO BOX 30</b><br><b>LAVALLE, WI 53941 , US</b> |  |                                 |
|                       |                            | <b>Fixed Objects Struck</b>                                       |  |  |  |                                 |
| <b>01</b>             | Striking Unit<br><b>01</b> |   | Struck Object<br><b>TREE</b>                                 | Structure Number   | Damage Tag Number  |                                 |