20-10241

Wisconsin Motor Vehicle Crash Report

	Document Number Override Primary Crash Document #			Agency Crash Number 20-10241			Investigating Officer/Deputy DEPUTY C. FRANK						
2	Crash Date         Crash Time           08/19/2020         12:55 PM           Date Notified         Time Notifi           08/19/2020         12:56 PM           On Emergency         Hit and Run			ne		Date Arrived			Time Arrived				
>				М		08/19/20	20	01:03 PM					
×				ified		Total Unit	s		Total Injured To	tal Killed			
				M		01			00 00				
L0D5DXV				Lane	Closur	losure Work		one	Trailer or Tow	Reporting Threshold			
6TL	Govern Prope		Acti	ve School Zone		School Bu	is Related		Tags				
	✓ Reportable	<sup>pe</sup> (STANDARD CI	RASH)				Amended Secondary Crash						
	ocation												
	ON CTHD EB			Latitude Longitude				t/LongSource	Access Control				
	250 FT W OF CAMP RD				43.46022029		-89.9381	472 TI	LT/ILT				
	IN THE TOWN C	F FREED	ОМ			ordinate	Y Coordin		n Roadway Link ID#	On Roadway Link Offset			
	IN SAUK COUN	ТҮ			2623	05.8125	4816117		559425	250			
					Over	rride	Tribal Lar	a		Structure Type			
ļ	Crash Scene						1						
Ī	First Harmful Even	t			First H	Harmful Ev	ent Location						
	UTILITY POLE				ROA	DSIDE							
	Manner of Collision	1			Light	Light Condition DAYLIGHT							
	00 - NO COLLIS	SION W/VE	HICLE IN TR	RANSPORT	DAY								
	Road Surface Con	dition(s)			Enviro	Environment Factor(s)							
					NONE								
	DRY												
	Roadway Factor(s)				Weather Condition(a)								
	Roadway Factor(s)	)			Weather Condition(s)								
NONE					CLE	CLEAR							
	Animal Type	imal Type					Relation To Trafficway						
				TRAFFICWAY - ON ROAD									
ĺ	Crash Classificatio				Crash	Crash Classification - Jurisdiction							
	PUBLIC PROPE	RTY				NO SPECIAL JURISDICTIO			ION				
	Tribal Land				Access Control NO CONTROL			Spec	Special Study				
	Within Interchange Area Junction Location					Intersection Type							
	NO	ION			NOT AN INTERSECTION								
	Unit Summar	у		_				-					
	Unit Status Vehicle Operatin IN TRANSIT D CLASS					3			Unit Type TRUCK				
	Vehicle Type								Operating As Endorsements				
5	UTILITY TRUCK/PICKUP TRUCK												
	Total Occs 1	s Train/Bus # Re		ecorded Total # Citations 0			Total Traile 0	ers	Total HazMat Types 0				
_	Insurance?			Pre Cra	ashTire Spee			it	Total Lanes				
UNIT				Ma					2				
				Special Function	Decial Function O SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE					
				Traffic Control				Traffic Co	ntrol Inoperative/Missin	g			
	Surface Type Road Curvatu							Road Grade					
	BLACKTOP (BITUMINOUS) CURVE L							LEVEL					
2	Truck Bus or HazM	lat						1					
5	NO												

20-10241

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_		Role DRIVER	Citations Issued Use Driver 0 Address			Individual Type INDIVIDUAL							
6	01	Last Name BELL	First Name RONALD				Middle Ini DEAN	Middle Initial Suffix DEAN					
		Street Address E8153 KOCH RD	Street Address 2			PO Box	PO Box						
	AL		И		State Zip Coo WI 53951					Country of Residence			
UNIT	INDIVIDUAL	DOB	Sex M	Race W	Hair	Eyes BLUE		Height 600	Weight 200	Phone	Number 522-4422 EXT.		
	INDI	Driver's License Numl	ber	1	State WI		License Ju STATE	irsidiction	Country o	of Issuance	ce		
		License Type NON-CDL DRIVER	R'S LICENS	E	License Status				DL Expire Year 2023				
		Equipment	On Duty Acc		Safety Equipmer	nt							
	_	Row 01 - FRONT ROW				LAP	BELT						
	01	Helmet Use			Helmet Compliar	nce							
		Eye Protection	Tint Compliance										
	_	Injury	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED							
╘	INDIVIDUAL	Ejected NOT EJECTED			Ejection Path         Trapped/E           NOT EJECTED/NOT APPLICA         NOT TRA				/Extricated RAPPED				
UNIT	IDIVI	MedicalTransport NOT TRANSPORT	EMS Agency Identifier EMS Run			n #	#						
	4	Hospital			Date of Death	Date of Death Time of De			Death				
		Non Motorist	Location			To/From	School						
	1	Prior Action	Action										
	01	Distracted By Action NOT DISTRACTED	C										
		Distracted By Source NOT APPLICABLE	E (NOT DIS	TRACTED)	Action Other								
		Drug & Alcoh			Suspected Drug Use								
	UAL	Suspected Alcohol Us	se		NO								
UNIT	INDIVIDUAL	Alcohol Test Given Alcohol Test Type TEST NOT GIVEN Drug Test Given Drug Test Type						Alcohol Test Results Drug Test Results					
	IND	Drug Test Given TEST NOT GIVEN					Drug Tes	t Results					
		Drug Type											
		License Plate Number	r		Plate Type				Country of Iss				
		250864F Vehicle Identification I	Number					UNITED STATES Make					
		1GCHK29U24E113			2004 CH				HEVROLET				
		Model SLV						Color BLU - BLUE					
		Initial Contact Point 11 - LEFT FRONT	CORNER										

20-10241

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					Vehi	icle Dam	lage					
01	01	Extent Of Damage DISABLING DAMAGE Towed Due To Damage TOWED DUE TO DISABLING DAMAGE Vehicle Removed By REEDSBURG SALVAGE What Driver Was Doing				08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						
						icle Fact	ors					
						NOT APPLICABLE						
		NEGOTIATING CURVE				Driver Prior Action Other Bus U					se	
UNIT	VEHICLE	Driver Actions FAILURE TO CONTROL										
		Vehicle Owner Same As Operator				Use Operator Address						
		Organization Type Company Name INDIVIDUAL										
		Last Name BELL		First Name RONALD				Middle DEAN	Suff	ix	Date of Birth	
					treet Address2			PO Box			-	
				St Zip Code WI 53951		e		Country of Residence				
		Telephone Number (608) 522-4422 EXT.										
	01	Event UTILITY POLE										
	02	Event										
	03	Event										
	04	Event		<u></u>								
Ę	0	Insurance Company WISCONSIN-MUTUAL-INS-CO				Pol	licy Holder me As Owner	ner V Policy Hold			ler Same As Driver	
UNIT	НОГ	Organization Type Last Name INDIVIDUAL BELL				First Name RONALD			Policy Holder Company			
Ī	Des	cription										
	Diag	ram									Reconstruction By	
											Photos By	
											Additional Information	

L0D5DXVR 10241	Wi	sconsin Mot Crash Re		SAUK C	OUNTY SHERIFFS DEPARTMEI 1300 LANGE COUR BARABOO, WI 5391 (608) 356-489
		CRD LIG	- Camp Rd -	Tto scale	NONE
MOMENTARILY AND EXITED THE	ROADWAY. THE UN	T ENTERED THE SOUTH	STBOUND ON CR D A	RUCK A UTILITY POLI	RATOR STATED HE LOST HIS VISION E AND CAME TO A REST. NO INJURIES.
UTILITY POLE CHECKED BY ALLI Signature	ent officer, agree	that I have not adde	d any CJIS data in	n this report.	
Signature ↓ I, a sworn law enforcement Law Enforcement Agen		that I have not adde	d any CJIS data in	n this report.	
Signature		that I have not adde	d any CJIS data in	n this report.	
Signature          I, a sworn law enforcement         Law Enforcement Agen         Agency Space         20-10241         Officer Rank		Officer First Name	Office	er Middle Name	Suffix
Signature          I, a sworn law enforcement         Law Enforcement Agen         Agency Space         20-10241         Officer Rank         DEP         FRANK         DOT Officer ID	st Name		Office M Office	er Middle Name er Badge Number	Suffix
Signature          I, a sworn law enforcement         Law Enforcement Agen         Agency Space         20-10241         Officer Rank         DEP         FRANK	st Name	Officer First Name C	Office M	er Middle Name er Badge Number	Suffix
Signature          I, a sworn law enforcement         Law Enforcement Agent         Agency Space         20-10241         Officer Rank         DEP         FRANK         DOT Officer ID         9198	st Name DNR C	Officer First Name C	Office M Office	er Middle Name er Badge Number 3 Law Enforcement Ag	ency type
Signature  I, a sworn law enforcement  Agency Space 20-10241  Officer Rank DEP FRANK DOT Officer ID 9198  Officer EMail Local Agency Number	st Name	Officer First Name C Ifficer ID	Office M Office 9198	er Middle Name er Badge Number	ency type
Signature  I, a sworn law enforcement  Agency Space 20-10241  Officer Rank DOT Officer ID 9198  Officer EMail  Local Agency Number  Law Enforcement Agency Name SAUK COUNTY SHERIFFS I	Law Enforcemen SAUK	Officer First Name C Ifficer ID t Agency Jurisdiction TAS SAU	Office M Office 9198 Agency Name K COUNTY SHER	er Middle Name er Badge Number Law Enforcement Ag COUNTY SHERIF	ency type
Signature  I, a sworn law enforcement  Agency Space 20-10241  Officer Rank DEP FRANK DOT Officer ID 9198  Officer EMail  Local Agency Number Law Enforcement Agency Name	Law Enforcemen SAUK	Officer First Name C Ifficer ID t Agency Jurisdiction TAS SAU	Office M Office 9198 Agency Name	er Middle Name er Badge Number Law Enforcement Ag COUNTY SHERIF	ency type

20-10241

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Law Enforcement Agency Phone Number	ORI Number	BFUNC Agency	TraCS Agency Number
(608) 356-4895 EXT.	WI0570000	5600	205