

6TL0D6N009

20-10629

# 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>20-10629</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>08/30/2020</b>		Crash Time <b>02:44 PM</b>	Date Arrived <b>08/30/2020</b>	Time Arrived <b>02:52 PM</b>	
Date Notified <b>08/30/2020</b>		Time Notified <b>02:44 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

### Location

<b>ON E12461 CHTH EB 1090 FT E OF BUMP RD (FIRE E12461)</b>  <b>IN THE TOWN OF FAIRFIELD IN SAUK COUNTY</b>	Latitude <b>43.51848776</b>	Longitude <b>-89.7012569</b>	Lat/LongSource <b>TLT/ILT</b>	Access Control
	X Coordinate <b>281681.0312</b>	Y Coordinate <b>4821939.5</b>	On Roadway Link ID# <b>4556904</b>	On Roadway Link Offset <b>1090</b>
	Override <input type="checkbox"/>	Tribal Land		Structure Type <b>FIRE</b>

### Crash Scene

First Harmful Event <b>OVERTURN/ROLLOVER</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>	Environment Factor(s) <b>NONE</b>	
Roadway 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>01 UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</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>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

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UNIT INDIVIDUAL	01		01		Role <b>DRIVER</b>	Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>	
	Last Name <b>BESS</b>			First Name <b>WILLIAM</b>			Middle Initial <b>MATTHEW</b>	Suffix	
	Street Address <b>318 DE WITT ST</b>				Street Address 2			PO Box	
	City <b>PORTAGE</b>			State <b>WI</b>		Zip Code <b>53901</b>		Country of Residence <b>UNITED STATES</b>	
	DOB	Sex <b>M</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>BROWN</b>	Height <b>509</b>	Weight <b>185</b>	Phone Number <b>(608) 408-3062 EXT.</b>	
	Driver's License Number			State <b>WI</b>		License Jurisdiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>	
	License Type <b>NON-CDL DRIVER'S LICENSE</b>			License Status <b>VALID LICENSE</b>			DL Expire Year <b>2022</b>		
	<b>Equipment</b>		On Duty Accident			Safety Equipment			
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>			<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance					
UNIT INDIVIDUAL	<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 APPLICA</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>Non Motorist</b>		Striking Unit #			Location		To/From School	
	Prior Action				Action				
	Distracted By Action <b>UNKNOWN</b>								
	Distracted By Source				Action Other				
	<b>Drug &amp; Alcoh</b>		Individual Condition <b>APPEARED NORMAL</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									
License Plate Number <b>AGB6200</b>				Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
Vehicle Identification Number <b>JM1BK12F951332126</b>					Year <b>2005</b>	Make <b>MAZDA</b>			
Model <b>3</b>			Body Style <b>SD - SEDAN</b>			Color <b>GRY - GRAY</b>			
Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>									

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<b>UNIT</b>	<b>VEHICLE</b>	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage <b>15 - ALL AREAS</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Factors		
		Vehicle Removed By <b>MIKES TOWING</b>		<b>SUSPENSION, TIRES</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>		Driver Prior Action Other	Bus Use	
	Driver Actions <b>RAN OFF ROADWAY</b>					
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type <b>INDIVIDUAL</b>		Company Name			
	Last Name <b>BESS</b>	First Name <b>WILLIAM</b>	Middle <b>MATTHEW</b>	Suffix	Date of Birth	
	Street Address <b>318 DE WITT ST</b>		Street Address2		PO Box	
	City <b>PORTAGE</b>	St <b>WI</b>	Zip Code <b>53901</b>	Country of Residence <b>UNITED STATES</b>		
Telephone Number <b>(608) 408-3062 EXT.</b>						
<b>UNIT</b>	<b>01</b>	Event <b>OVERTURN/ROLLOVER</b>				
	<b>02</b>	Event				
	<b>03</b>	Event				
	<b>04</b>	Event				
<b>UNIT</b>	<b>HOL</b>	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver	
		Organization Type <b>INDIVIDUAL</b>	Last Name <b>BESS</b>	First Name <b>WILLIAM</b>	Policy Holder Company	

### Property Owner

<b>PROP OWNER</b>	<b>01</b>	Individual <b>EVE L POMRENING</b> (920) 540-8654	Address <b>1050 E NAWADA ST</b> <b>APPLETON, WI 54911 , US</b>

### Fixed Objects Struck

<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>DITCH</b>	Structure Number	Damage Tag Number
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### Description

Diagram

Reconstruction By
Photos By

# Wisconsin Motor Vehicle Crash Report



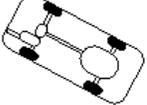
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CTH T

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E12461

Not to Scale

Additional Information  
**NONE**

UNIT 1 WAS EASTBOUND ON CTH T. UNIT 1 OPERATOR STATED HIS RIGHT FRONT TIRE/SUSPENSION WAS SHAKING. UNIT 1 OPERATOR STATED UNIT 1 DRIFTED NORTH. UNIT 1 OPERATOR OVER COUNTERED. UNIT 1 ENTERED THE SOUTH DITCH. UNIT 1 OVERTURNED. UNIT 1 CAME TO REST ON IT'S ROOF FACING NORTHWEST.

**Signature** \_\_\_\_\_

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

**Law Enforcement Agency** \_\_\_\_\_

Agency Space				
Officer Rank <b>DEP</b>	Officer Last Name <b>STODDARD</b>	Officer First Name <b>B</b>	Officer Middle Name <b>L</b>	Suffix
DOT Officer ID <b>9136</b>		DNR Officer ID		Officer Badge Number <b>9136</b>
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPTMEN</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>			Law Enforcement Agency Street Address2	
Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>		

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