



6TL0D6N009

20-10629

# Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

UNIT 01	INDIVIDUAL	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 01	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									
UNIT 01	INDIVIDUAL	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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UNIT VEHICLE	01	Vehicle Damage	
	01	Extent Of Damage <b>DISABLING DAMAGE</b>	15 - ALL AREAS
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Factors
		Vehicle Removed By <b>MIKES TOWING</b>	SUSPENSION, TIRES
		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>		
	01	Event <b>OVERTURN/ROLLOVER</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT HOL	01	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

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

## Fixed Objects Struck

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

Diagram

Reconstruction By



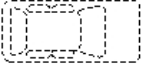
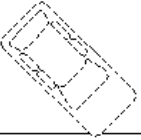

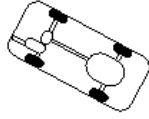
Photos By

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  <div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 10%; left: 10%;">CTH T</div> <div style="position: absolute; top: 30%; left: 20%;">    </div> <div style="position: absolute; top: 40%; left: 25%;">   </div> <div style="position: absolute; bottom: 10%; left: 20%;">E12461</div> <div style="position: absolute; bottom: 10%; right: 10%;">Not to Scale</div> </div>	Additional Information <b>NONE</b>
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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 (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205
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