Wisconsin Motor Vehicle Crash Report

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

	Document Number Override Prin		Primary Crash	Primary Crash Document #		Agency Crash Number 20-10521			DEPUTY E. KNULL					
>			Crash Time			Date Arrive			Time Arrived					
뫂	08/27/2020 01:12 PM					08/27/2020			01:15 PM	T				
0B4X4NV			Time Notified 01:12 PM			Total Units			Total Injured Total Kille 00		led			
OB OB	On Emergency Hit and Run			Lane Closure		L	☐ Work Zon		Trailer or Towe			Reporting Threshold		
eTL	Government Active School Zone					School Bus	s Related		Tags					
	Reportable Crash Type DT4000 (STANDARD CR								Amended			Secondary Crash		
	ocation													
	ON STH136 EB 1233 FT S					e 963937	Longitude -89.7687		t/LongSource	Ac	cess Cont	rol		
	OF MINE RD IN THE TOWN OF BARABOO IN SAUK COUNTY					rdinate 88.375	Y Coordina 4814472		On Roadway Link ID# 5452202		On Roadway Link Offset 256			
						Override Tribal Lar			t			e TURE		
	Crash Scene				!					, , , , , , , , , , , , , , , , , , ,				
Ī	First Harmful Event				First H	armful Eve	ent Location							
	DITCH				SHOU	JLDER L	EFT							
İ	Manner of Collision				Light C	Condition		7 7	7					
	00 - NO COLLISI	ON W/VEHIC	LE IN TRAN	SPORT	DAYL	IGHT								
ĺ	Road Surface Condi	ition(s)			Enviror	nment Fac	tor(s)							
	DRY					NONE								
•	Roadway Factor(s)					Weather Condition(s)								
	NONE					CLEAR								
	Animal Type				Relation To Trafficway TRAFFICWAY - NOT ON ROAD									
	Crash Classification - Location					Crash Classification - Jurisdiction								
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICT Access Control NO CONTROL			TION Special Study						
•														
i	Within Interchange A	Area Jur	nction Location		Intersection Type			pe						
	NO	NC	N-JUNCTION	1	NOT AN INTERSECTION									
Ţ	Unit Summary													
	Unit Status		V	ehicle Operatin	g As Cla	assification	1	Unit Type						
	IN TRANSIT D CLASS							AUTOMOBILE						
5	Vehicle Type (SPORT) UTILITY				Operating As Endorsements									
	Total Occs 1	Train/Bus # Recorded		Total # Citations Issued 3			Total Traile 0	Total HazMat Types 0		/pes				
UNIT				Pre CrashTire Mark			Speed Limit	t	Total Lanes 2					
ס	MAILBOX NO SPECIA			oecial Function O SPECIAL	FUNCTION			NOT AP	Emergency Motor Vehicle Use NOT APPLICABLE					
	Traffic Way TWO-WAY, NOT DIVIDED Traffic Control NO CONTRO				L			Traffic Control Inoperative/Missing NO						
	Surface Type Road Curvatu BLACKTOP (BITUMINOUS) STRAIGHT							Road Grade LEVEL						
10	Truck Bus or HazMat													

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_		Role DRIVER	Citations Issued 3 Use Drive Address			Individual Type INDIVIDUAL						
6	01	Last Name			First Name	First Name			_	Middle Initial Suffix		
		BUBOLZ	DEVON	0			J					
		Street Address N4642 16TH RD	Street Address	2			PO Box					
	7	City			State		Zip Code		Country of Residence			
_	UA	MONTELLO					53949			UNITED STATES		
LIND	INDIVIDUAL	DOB	Sex M	Race W	Hair	Eyes BLU	E	Height 511	Weight 190	Phone Number (608) 400-2268 EXT.		
	IND	Driver's License Num	State WI					of Issuance D STATES				
		License Type NON-CDL DRIVER	SUSPENDED DL Expire Year 2028									
		Equipment	On Duty Acc	ident	Safety Equipment							
		Row	Seat Position W 07 - LEFT		SHOULDER & LAP BELT							
	01	01 - FRONT ROW 07 - LEFT Helmet Use			Helmet Complia	ince						
		Eye Protection			Tint Compliance)	/					
		In it was	Injury Severi	ty	Airbag							
	Ļ	Injury	NO APPAR	NON DEPLO	YED							
⊢	۸۵	Ejected NOT EJECTED							pped/Extricated TTRAPPED			
LNO	INDIVIDUAL	MedicalTransport	EMS Agency Identifier EMS Ru				- ın #					
	IND	NOT TRANSPORT Hospital	Date of Death Time of			Time of	Death	 Death				
		. roopita.			Date of Death							
		Non Motorist	Location			To/Fror	nSchool					
		Prior Action			Action			•				
	01	Distracted By Action										
		NOT DISTRACTE										
		Distracted By Source NOT APPLICABLE		TRACTED)	Action Other	Action Other						
		Drug & Alcoh	Individual Co		MEDICATIONS/DRUGS/ ALCOHOL, CONFUSED OR DISORIENTED (NON LUCID)							
	AL	Suspected Alcohol Us	se		Suspected Drug YES	Use						
LIND	ИDU			Alcohol Test Type BLOOD	· · · · · · · · · · · · · · · · · · ·				Alcohol Test Results PENDING			
-	INDIVIDUAL	Drug Test Given TEST GIVEN Drug Test Type BLOOD							Drug Test Results PENDING			
		Drug Type							I			
		Lineana Distribus			Diete T:			l C4	Country of Is	augus a		
		License Plate Numbe ADM9284	·I		Plate Type AUT - AUTON	MOBIL	.E		UNITED ST			
		Vehicle Identification	Number		1	·-		Year	Make			
		IJ4GW48S7YC163	3002						JEEP			
	Model GRAND CHER				Body Style 4H - HATCHE	BACK	4 DOOR		Color GRY - GRA	olor GRY - GRAY		
		Initial Contact Point	1									
		12 - FRONT										

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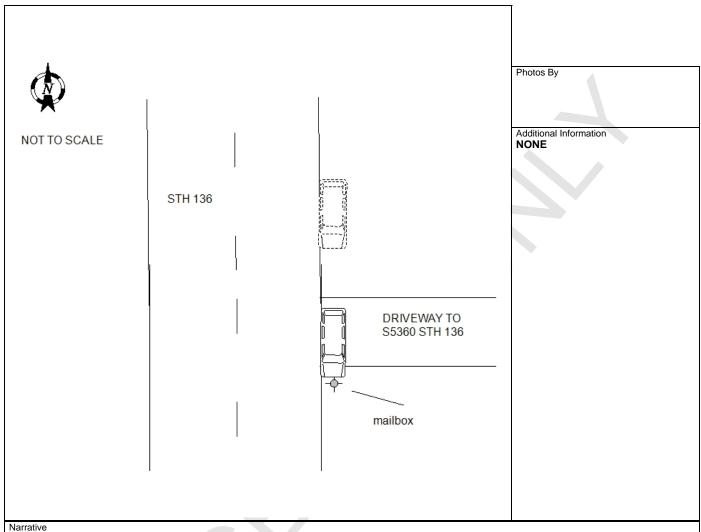
Crash Date 08/27/2020

Crash Time 01:12 PM

						venicie Dar	nage					
Extent Of Damage						00 - NO DAMAGE						
6	9	NO DAMAGE				or its primate						
		Towed Due To Damage			Vehicle Factors							
		TOWED BUT NOT	DUE TO DIS	ABLING DA	MAG							
		Vehicle Removed By	e Removed By				LICABLE					
		BILLS TOWING										
		What Driver Was Doi	ng			Driver Prior	Action Other		Bus U	lse		
		GOING STRAIGH										
LINO	Driver Actions FAILURE TO CONTROL, FAILED TO KEEP IN DES					SIGNATED LANE, OTHER CONTRIBUTING ACTION						
		✓ Vehicle Owner Same As Operator					✓ Use Op	erator Ad	dress			
		Organization Type INDIVIDUAL		Comp	Company Name							
		Last Name		First N				Middle	Suffix	Date of Birth		
		BUBOLZ		DEV				J				
		Street Address		Street	Address2	2		PO Box				
		N4642 16TH RD		0:	17: 0							
		City MONTELLO		WI	St Zip Code WI 53949		Country of Residual					
		Telephone Number		VVI	33948	•		UNITED STATES				
		(608) 400-2268 EX										
	01	DITCH										
	02	Event MAILBOX										
	03	Event										
	04	Event										
5	10	UTC Number				Description OPERA	Description OPERATING WHILE UNDER THE INFLUENCE(2ND)					
5	02	UTC Number Issue To? Statute Number 343.44(1)(a)				Description OPERATING WHILE SUSPENDED						
5	03	UTC Number BB955330	Issue To?	Statute Nur 346.57(2)		Description FAILURE TO KEEP VEHICLE UNDER CONTROL						
	Pro	perty Owner				I .						
PROP 01		idual ANE L HEGNA B) 477-2299	Address \$5360 STH 136 BARABOO, WI 53913 , US									
	Fixe	ed Objects Stru	ıck			1						
	Striking Unit Struck Object								re Number Damage Tag Number			
	01		AILBOX									
	Description											
Diagram										Reconstruction By		

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ON 8/27/20 OPERATOR OF SUV WAS SB ON STH 136. OPERATOR WENT INTO EAST SIDE DTICH AND STRUCK A MAILBOX AT \$5360 STH 136. WHEN I ARRIVED ON SCENE OPERATOR WAS NOT AWAKE. I WAS ABLE TO WAKE HIM UP. SUBJECT WAS SUSPECTED OF BEING UNDER THE INFLUENCE OF DRUGS. DOT RECORDS SHOWED DRIVING STATUS WAS SUSPENDED. DRIVER WAS CHECKED OUT BY EMS BUT REFUSED TRANSPORT. DRIVER WAS ARRESTED FOR OWIZ AND CITED FOR OWS AND FAIL TO KEEP VEHICLE UNDER CONTROL. VEHICLE WAS REMOVED BY BILLS TOWING

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 Middle Name Officer Rank Officer Last Name Officer First Name Suffix DFP KNULL **ERIC** D DOT Officer ID DNR Officer ID Officer Badge Number 9141 9141 Officer EMail Law Enforcement Agency Jurisdiction Local Agency Number Law Enforcement Agency type **COUNTY SHERIFF** Law Enforcement Agency Name TAS Agency Name SAUK COUNTY SHERIFFS DEPARTMEN SAUK COUNTY SHERIFF Law Enforcement Agency Street Address Law Enforcement Agency Street Address2 1300 LANGE COURT Law Enforcement Agency City LEA State

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BARABOO	wı	53913				
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205			

Crash Date **08/27/2020**Crash Time **01:12 PM**