

6TL0DCL4FD  
20-03601

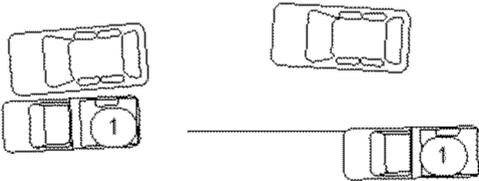
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override <b>6TL0B655PX</b>		Primary Crash Document#	Agency Crash Number <b>20-03601</b>	Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>04/14/2020</b>		Crash Time <b>05:15 PM</b>	Date Arrived <b>04/14/2020</b>	Time Arrived <b>06:29 PM</b>	
Date Notified <b>04/14/2020</b>		Time Notified <b>05:18 PM</b>	Total Units <b>02</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 checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram   <p style="text-align: center;">COUNTY HIGHWAY N</p> <hr/>   <p style="text-align: center;">NOT TO SCALE</p>	Reconstruction By
	Photos By <b>9140, 11</b>
	Additional Information <b>NONE, PHOTOS</b>

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

NEW EVIDENCE HAS BEEN OBTAINED SINCE THE REPORT WAS TAKEN THAT PROVES THE ACCIDENT DID NOT OCCUR. ALL CITATIONS ISSUED TO DEFENDANT HAVE BEEN FORWARDED TO DA FOR REVIEW AND SUBSEQUENTLY DROPPED. THIS AMENDED CRASH FORM IS FOR DOCUMENTATION PURPOSES FOR ANY AGENCY OR INSURANCE COMPANY INVESTIGATING THIS MATTER.

NEW EVIDENCE HAS SHOWN ACCIDENT DID NOT OCCUR

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## Location

ON CTHN WB 0.70 MI W OF CTHG SB IN THE TOWN OF BEAR CREEK IN SAUK COUNTY	Latitude 43.328943416	Longitude -90.135069353
	X Coordinate 245825.453125	Y Coordinate 4802118.5
	Structure Type	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment 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>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

## Vehicle

<b>01</b>	License Plate Number	Plate Type	St	Country of Issuance
	Vehicle Identification Number <b>1GCEK19T3XE222984</b>	Make <b>CHEVROLET</b>	Year <b>1999</b>	Model <b>SILVERADO</b>
	Color <b>TAN - TAN</b>	Body Style <b>PK - PICKUP</b>		Bus Use
	Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>			

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>02 - RIGHT SIDE FRONT</b>
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>OVERTAKE LEFT</b>	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>IMPROPER OVERTAKING / PASSING LEFT</b>	
01 01	Owner Name <b>BRYAN JAMES WALSH</b>	Owner Address <b>S8725 COUNTY ROAD N # G PLAIN, WI 53577 , US</b>
	<b>Sequence Of Events</b>	
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>BRYAN JAMES WALSH (608) 963-5999</b>	Citations Issued <b>1</b>
	Sex <b>MALE</b>	Date of Birth [REDACTED]
Address <b>S8725 COUNTY ROAD N # G PLAIN, WI 53577 , US</b>	Driver License Number [REDACTED]	Race <b>WHITE</b>
01 001	<b>Safety Equipment</b>	
	On Duty Crash	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	
01 001	<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 APPLICABLE</b>
	<b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
Hospital	Date of Death	Time of Death
<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Distracted By Action <b>UNKNOWN</b>				
		<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other			To/From School	
		<b>Drug &amp; Alcohol</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				
		Individual Condition <b>NOT OBSERVED</b>				
<b>01</b>	<b>001</b>	<b>Violations</b>				
		UTC Number <b>BB958288</b>	Issue To? <b>001</b>	Statute Number <b>346.70(1)</b>	Description <b>FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT</b>	

## Unit Summary

<b>UNIT</b>	<b>02</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>2</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>WESTBOUND</b>		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit <b>55</b>		Total Lanes <b>2</b>			
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>DOWNHILL</b>			
		Truck Bus or HazMat <b>NO</b>											
		<b>02</b>	<b>02</b>	<b>Vehicle</b>									
				License Plate Number <b>249GFF</b>			Plate Type <b>AUT - AUTOMOBILE</b>			St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>JTDBR32E032006303</b>				Make <b>TOYOTA</b>			Year <b>2003</b>		Model <b>COROLLA CE</b>				
Color <b>SIL - SILVER (ALUMINUM)</b>				Body Style <b>4D - 4DR</b>			Bus Use						

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Form with multiple sections: UNIT VEHICLE, Sequence Of Events, Policy Holder, Individual, Safety Equipment, Injury, and various data fields for vehicle damage, driver information, and crash details.

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UNIT INDIVIDUAL	<b>Distracted By</b> Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type Drug Test Results
Drug Type		
Individual Condition NOT OBSERVED		
UNIT INDIVIDUAL	<b>Individual</b>	
	Passenger LEON E PROCKNOW (608) 332-8865	Citations Issued 0 Sex MALE
		Date of Birth [REDACTED] Race WHITE
	Address 1902 SHERIDAN DR MADISON, WI 53704 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
	<b>Safety Equipment</b>	On Duty Crash Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity NO APPARENT INJURY Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED	EMS Agency Identifier EMS Run #	
Hospital	Date of Death Time of Death	
UNIT INDIVIDUAL	<b>Distracted By</b> Distracted By Source	

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UNIT INDIVIDUAL          02 003	Distracted By Action		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	Suspected Drug Use NO
	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		
	Individual Condition <b>NOT OBSERVED</b>		