

6TL09XQZ20
20-11111

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09XQZ20

| | | | | | | | |
|--|---|---|------------------------------------|---|--|--|--------------------|
| Document Number Override | | Primary Crash Document# | | Agency Crash Number 20-11111 | | Investigating Officer/Deputy DEPUTY I. GALVAN | |
| Crash Date 09/13/2020 | | Crash Time 02:23 AM | | Date Arrived 09/13/2020 | | Time Arrived 02:42 AM | |
| Date Notified 09/13/2020 | | Time Notified 02:27 AM | | Total Units 01 | | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input checked="" 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 NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Description

| | | |
|---|--|---|
| Diagram <p style="text-align: center;">CTH C</p> <p style="text-align: center;">NOT TO SCALE</p> | | Reconstruction By Photos By DEPUTY ISAAC GALVAN Additional Information PHOTOS |
|---|--|---|

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

UNIT 1 WAS TRAVELING WESTBOUND ON CTH C. UNIT 1 STRUCK A UTILITY POST CAUSING A POWER OUTAGE. OPERATOR OF UNIT 1 FLED THE SCENE PRIOR TO LAW ENFORCEMENT ARRIVAL. WHEN CONTACT WAS MADE WITH UNIT 1 OPERATOR, UNIT 1 STATED HE DOSED OFF AND HIT A UTILITY POLE. UNIT 1 STATED HE FLED BECAUSE HE WAS SCARED AND DID NOT KNOW WHAT TO DO. NO INJURIES WERE REPORTED. VEHICLE WAS TOWED BY EVERETT'S TOWING. UNIT 1 WAS ISSUED MULTIPLE CITATIONS SUCH AS HIT AND RUN CAUSING DAMAGE TO PROPERTY ADJACENT TO HIGHWAY, FAILURE TO NOTIFY POLICE OF AN ACCIDENT AND OPERATOR POSSES OPEN INTOXICANT.

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Location

| | | |
|---|--------------------------------|----------------------------|
| ON CTHC SB 607 FT S OF BALFANZ RD IN THE TOWN OF HONEY CREEK IN SAUK COUNTY | Latitude 43.338671353 | Longitude -89.857355557 |
| | X Coordinate 268379.15625 | Y Coordinate 4802390.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event UTILITY POLE | First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | | |
|------------------------------|---|---|---|----------------------------|--|--|
| UNIT 01 | Unit Status HIT AND RUN | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 3 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | Total Lanes 2 | |
| | Most Harmful Event: Collision With UTILITY POLE | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | | |
|---|---|--|---|---------------------|---|--|
| UNIT 01 VEHICLE 01 | License Plate Number ADN2524 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 1C3CCBCG1DN516440 | | Make CHRYSLER | Year 2013 | Model 200 | |
| | Color GRY - GRAY | | Body Style 4D - 4DR | | Bus Use | |
| | Initial Contact Point 01 - RIGHT FRONT CORNER | | Vehicle Damage | | | |
| | Extent Of Damage DISABLING DAMAGE | | 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT, 13 - TOP | | | |

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| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By EVERETTS TOWING | | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER | | | | |
| 01 | 01 | Owner Name DAVID J STROHKIRCH (608) 393-4047 | | Owner Address 421 SPRUCE ST SAUK CITY, WI 53583 , US | |
| | | Sequence Of Events | | | |
| 01 | 01 | Event UTILITY POLE | | | |
| | | Event | | | |
| | | Event | | | |
| | | Event | | | |
| UNIT | Policy Holder | | | | |
| | Insurance Company AMERICAN-FAMILY-INS-CO | | Individual JAMISON STROHKIRCH | | |
| UNIT | INDIVIDUAL | Individual | | | |
| | | Driver JAMISON AVERY STROHKIRCH (608) 393-4047 | | Citations Issued 3 | Sex MALE |
| | | Date of Birth | | Race WHITE | |
| | | Address 421 SPRUCE ST SAUK CITY, WI 53583 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | 001 | Safety Equipment | | On Duty Crash | |
| | | Safety Equipment | | | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | RESTRAINT USE UNKNOWN | |
| | | Helmet Use | | Helmet Compliance | |
| | | Eye Protection | | Tint Compliance | |
| | | Injury | | Injury Severity NO APPARENT INJURY | Airbag NOT APPLICABLE |
| | | Ejected NOT APPLICABLE | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT APPLICABLE | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | | |
| Hospital | | Date of Death | Time of Death | | |
| Distracted By | | Distracted By Source | | | |
| Distracted By Action | | | | | |

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|-----------------------|---|---|-------------------------|-------------------------------------|--|-------------------|
| UNIT | Non Motorist | | Striking Unit # | Location | | |
| | Prior Action | | | | | |
| | Action | | | | | |
| | Action Other | | | | To/From School | |
| INDIVIDUAL | Drug & Alcohol | | Suspected Alcohol Use | | Suspected Drug Use | |
| | 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 | | | | | |
| | Violations | | | | | |
| 01 | 001 | UTC Number AE757698 | Issue To? 001 | Statute Number 346.69 | Description HIT AND RUN-PROPERTY ADJACENT TO HIGHWAY | |
| | | UTC Number AE757699 | Issue To? 001 | Statute Number 346.70(1) | Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT | |
| | | UTC Number AE757700 | Issue To? 001 | Statute Number 346.935(2) | Description POSSESS OPEN INTOXICANTS IN MV-DRIVER | |
| Property Owner | | | | | | |
| PROP OWNER | 01 | Organization/Company ALLIANT ENERGY (800) 255-4268 | | | Address 4902 N BILTMORE MADISON, WI 53707 1077, US | |
| | | Fixed Objects Struck | | | | |
| 01 | 01 | Striking Unit | Struck Object | | Structure Number | Damage Tag Number |
| | | 01 | UTILITY POLE | | | 0000 |