

6TL0D0GSFV
20-11833

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D0GSFV

| | | | | | |
|---|--------------------------------------|---|------------------------------------|---|--|
| Document Number Override | | Primary Crash Document# | Agency Crash Number 20-11833 | Investigating Officer/Deputy DEPUTY S. FINNEGAN | |
| Crash Date 10/05/2020 | | Crash Time 08:00 AM | Date Arrived 10/05/2020 | Time Arrived 08:13 AM | |
| Date Notified 10/05/2020 | | Time Notified 08:01 AM | Total Units 01 | Total Injured 00 | Total Killed 00 |
| <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 checked="" 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

| | |
|----------------|---|
| <p>Diagram</p> | Reconstruction By |
| | Photos By CAPT HODGES |
| | Additional Information NONE, PHOTOS |

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

UNIT 1 WAS N/B ON USH 12 WHEN DRIVER STATED HE WAS LOOKING AT HIS PHONE GPS AND WENT OFF INTO THE GRAVEL SHOULDER WHERE HE LOST CONTROL, SPUN SIDWAYS WENT INTO THE OTHER SHOULDER AGAIN OVER CORRECTED AND WENT ACROSS THE 2 LANES INTO THE DITCH WHERE HE HIT THE GUARD RAIL END. HE THEN WENT DOWN INTO THE GRASSY AREA AND HIT A FENCE.

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Location

| | | |
|--|--------------------------------|----------------------------|
| ON USH12 WB 0.41 MI N OF LEHMAN RD IN THE TOWN OF BARABOO IN SAUK COUNTY | Latitude 43.429389266 | Longitude -89.773250505 |
| | X Coordinate 275532.375 | Y Coordinate 4812235.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|--|--|
| First Harmful Event GUARDRAIL END | First Harmful Event Location SHOULDER RIGHT | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAYLIGHT | |
| 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 IN TRANSIT | | 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? NO | Direction Of Travel NORTHBOUND | <input checked="" type="checkbox"/> Pre Crash Tire Mark | Speed Limit 65 | Total Lanes 4 | |
| | Most Harmful Event: Collision With GUARDRAIL END | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | | Road Curvature CURVE RIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | | |
|-----------------------------|--|--|--|--------------|--------------------------------------|--|
| UNIT 01 VEHICLE 01 | License Plate Number ACX1273 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 1G1ZT54805F264604 | | Make CHEVROLET | Year 2005 | Model MALIBU | |
| | Color BLU - BLUE | | Body Style 4D - 4DR | | Bus Use | |
| | Initial Contact Point 08 - LEFT SIDE REAR | | Vehicle Damage | | | |
| | Extent Of Damage DISABLING DAMAGE | | 05 - RIGHT REAR CORNER, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR | | | |

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| | | | | |
|---|--|---|---|----------------------|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By BILLS TOWING | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER | | | |
| 01 01 | Owner Name DANIEL D MEILLER (000) 000-0000 | | Owner Address N3585 STH 22 MONTELLO, WI 53949 , US | |
| | Sequence Of Events | | | |
| 01 01 | 01 | Event RUN OFF ROADWAY LEFT | | |
| | 02 | Event RUN OFF ROADWAY RIGHT | | |
| | 03 | Event GUARDRAIL END | | |
| | 04 | Event FENCE | | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver MARCOS GUSTAVO CASTRO (414) 550-1032 | | Citations Issued 3 | Sex MALE |
| | Address 117 1/2 4TH ST # 2 BARABOO, WI 53913 , US | | Date of Birth [REDACTED] | Race WHITE |
| 01 001 | On Duty Crash | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| | Safety Equipment | | Safety Equipment | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | Injury | 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 | |
| Distracted By | | Distracted By Source HAND-HELD MOBILE PHONE | | |
| Distracted By Action MANUALLY OPERATING(TEXTING,DIALING,PLAYING GAME ETC) | | | | |
| Non Motorist | | Striking Unit # | Location | |

| | | | | | | | | | | | | | | | |
|-------------------------------|--|---------------------------------------|---|---------------------------------|-------------------------------|-------------------------|------------------------------------|---|-------------------------------|-------------------------|---------------------------------------|---|-------------------------------|-------------------------|------------------------------------|
| UNIT | Prior Action | | | | | | | | | | | | | | |
| | Action | | | | | | | | | | | | | | |
| | Action Other | | | To/From School | | | | | | | | | | | |
| | Drug & Alcohol | | 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 APPEARED NORMAL | | | | | | | | | | | | | | |
| | Violations | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td>UTC Number BG023540</td> <td>Issue To? 001</td> <td>Statute Number 344.62(1)</td> <td>Description OPERATE MOTOR VEHICLE W/O INSURANCE</td> </tr> <tr> <td>UTC Number BG023538</td> <td>Issue To? 001</td> <td>Statute Number 343.05(3)(a)</td> <td>Description OPERATE W/O VALID LICENSE (1ST VIOLATION)</td> </tr> <tr> <td>UTC Number BG023539</td> <td>Issue To? 001</td> <td>Statute Number 346.89(1)</td> <td>Description INATTENTIVE DRIVING</td> </tr> </table> | | | | UTC Number BG023540 | Issue To? 001 | Statute Number 344.62(1) | Description OPERATE MOTOR VEHICLE W/O INSURANCE | UTC Number BG023538 | Issue To? 001 | Statute Number 343.05(3)(a) | Description OPERATE W/O VALID LICENSE (1ST VIOLATION) | UTC Number BG023539 | Issue To? 001 | Statute Number 346.89(1) |
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| UTC Number BG023538 | Issue To? 001 | Statute Number 343.05(3)(a) | Description OPERATE W/O VALID LICENSE (1ST VIOLATION) | | | | | | | | | | | | |
| UTC Number BG023539 | Issue To? 001 | Statute Number 346.89(1) | Description INATTENTIVE DRIVING | | | | | | | | | | | | |

Property Owner

| | | | |
|-------------------|-----------|--|---|
| PROP OWNER | 01 | Government SAUK COUNTY HWY DEPT (608) 356-3855 | Address 620 STH 136 PO BOX 26 BARABOO, WI 53913 , US |
|-------------------|-----------|--|---|

Fixed Objects Struck

| | | | | |
|-----------|----------------------------|---------------------------------------|------------------|------------------------------------|
| 01 | Striking Unit 01 | Struck Object GUARDRAIL END | Structure Number | Damage Tag Number 337854 |
| | Striking Unit 01 | Struck Object FENCE | Structure Number | Damage Tag Number 337854 |