WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913

								(608) 356-4895
Document Number Overrid	e Primary Crash	Document#	Agenc: 20-14	/ Crash Number 217	Investigating Of DEPUTY K. M		,	
Crash Date	Crash Time		Date A		Time Arrived			
12/20/2020 Date Notified	08:37 PM Time Notified		12/20/ Total U		08:40 PM	T-1-11231.	1	
12/20/2020	08:37 PM		01	nits	Total Injured 01	Total Kille	∌α	
On Emergency	Hit and Run	Lane C	losure	Work Zone	Trailer or	Towed		Reporting Threshold
Government Property	Active So	chool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRA	ASH)		Amended			Secondary Crash
Description =								
FIRE HYD	RANT			LINNST	Aq	notos By TATE	ormation	

UNIT 1 DROVE OFF OF THE ROADWAY WHILE DRIVING SOUTH ON HWY 136, LIKELY DUE TO INTOXICATION, AND STRUCK A FIRE HYDRANT. THE DRIVER OF UNIT 1 WAS PLACED UNDER ARREST FOR OPERATING WHILE UNDER THE INFLUENCE.

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	Location —									
ł	ON STH136 EB				Latitude			Longitud	de	
	82 FT S		43.474570005			-89.768	851736			
	OF CTHBD SB IN THE VILLAGE OF WE	CT PAPAPOO		X Coordinate 276055.34375		Y Coordinate		inate		
	IN SAUK COUNTY	ST BARABOO				276055.34375		4817241.5		
					Structure 7	Гуре		•		
	Crash Scene									
1	First Harmful Event				First Harm	ıful Event L	ocation			
	CURB				ROADSII	DE				
	Manner of Collision			Light Condition						
	00 - NO COLLISION W/V	EHICLE IN TRANSPORT		DARK/LIGHTED						
	Road Surface Condition(s)				Roadway	Factor(s)				
	DRY									
	Environment Factor(s)									
	NONE				NONE					
	Weather Condition(s)									
	CLEAR									
	Animal Type				Relation T	o Trafficwa	у			
						FFICWAY - ON ROAD				
	Crash Classification - Location	on		1			Jurisdiction			
	PUBLIC PROPERTY Tribal Land						ISDICTION		I Consciol Chiedy	
			Access Co FULL CO					Special Study		
	Within Interchange Area NO Junction Location NON-JUNCTION				Intersection Type NOT AN INTERSECTION					
ļ	Unit Summary									
	Unit Status		I	erating As Cla	1 **					
	IN TRANSIT D CLASS				AUTOMOBILE					
01	Vehicle Type PASSENGER CAR					Operating As Endorsements				
_	Total Occs	Train/Bus#Recorded	Total#Citat	Total#Citations Issued			Total Trailers		Total HazMat Types	
	1 Train/bus # Recorded		2			0		0	wat i ypoo	
	Insurance? Direction Of Travel		Pre CrashTir		e Speed Lir				es	
╘	UNKNOWN	SOUTHBOUND		Mark Mark			30 4			
UNIT	Most Harmful Event: Collisio		Special Function NO SPECIAL FUNCTION			Emergency N NOT APPL		Motor Vehicle Use		
	FIRE HYDRANT Traffic Way					Traffic Control Inoperative/Missing				
	TWO-WAY, NOT DIVIDE	D	l l	Traffic Control TRAFFIC SIGNAL			NO			
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT			Road Grade LEVEL			
	Truck Bus or HazMat NO									
	Vehicle									
	License Plate Number Plate Type					St	Country of Is	suance		
	799ZRP Vehicle Identification Number			AUT - AUTOMOBILE		WI	UNITED STATES Model			
_						Year				
2	5 1G1ZT54865F1537	82				2005	MALIBU			
	Color			Body Style Bus Use						
	GLD - GOLD Initial Contact Point		SD - SED Vehicle Da							
	12 - FRONT		, emole Da	go						
ラ	Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE			01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT						
LIND	Extent Of Damage		01 - RIGH	IT FRONT	CORNER	, 11 - LEF	T FRONT C	UKNEK,	12 - FRONT	

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		Towed Due To Damage TOWED DUE TO DISABI	ING DAMA		'ehicle Removed By NKES TOWING				
		What Driver Was Doing	INTO DAMP		ehicle Factors				
		UNKNOWN							
		Driver Prior Action Other		N	OT APPLICABLE				
UNIT	VEHICLE	Driver Actions UNKNOWN		1					
0-1	01	OwnerName GARY NED BAKER (608) 963-6068			Owner Address 904 MOORE ST # 405 BARABOO, WI 53913 , I	us .			
	5	Event CURB							
	02	Event FIRE HYDRANT							
	63	Event							
	77	Event							
		Driver GARY NED BAKER			Citations Issued	I	Gex MALE		
	M	(608) 963-6068			Date of Birth		Race		
╘	Ճ								
S	INDIVIDUAI	Address 904 MOORE ST # 405			Driver License Number				
	Z	BARABOO, WI 53913 , I	JS		STATE: WISCONSIN COU	NTRY: UNITE	ED STATES		
		On Du	ty Crash		Safety Equipment				
	Saf	ety Equipment							
		Row 01 - FRONT ROW	SeatPo 07 - Li		RESTRAINT USE UNKNO	WN			
		Helmet Use	•		Helmet Compliance				
		Eye Protection			TintCompliance				
2	S	njury Severity			Airbag				
0	5	Injury Poss			DEPLOYED-FRONT				
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT API			PLICABLE		Frapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	E	EMS Run#		
		Hospital			Date of Death	7	Fime of Death		
		Distracted By UNKN	ted By Source	e					
		Distracted By Action	101714						
		UNKNOWN	a i ini+#	1 ocaton					
		Non Motorist	g Unit#	Location					

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		Prior Action								
		Action								
		7 (0 10 17)								
	4									
<u>_</u>										
LIND										
_	INDIVIDUAL									
	=									
		Action Other						To/From School		
	L #		Suspected Alco	phol Use	Suspected Drug Use					
	L	Drug & Alcohol	YES		NO					
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST GIVEN		BLOOD			PENDING			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
	_ :	Drug Type								
01	9	Diag Type								
		Individual Condition								
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL								
	•	Minus Desirent and Control of the Co		************		**********				
	5	UTC Number BG111192	Issue To?	Statute Number 346.57(2)	Description FAILURE TO KEEP	VEHICLE UNDER	R CONTROL			
	•	UTC Number	Issue To?	Statute Number						
	8	BG111191	001	346.63(1)(a)	Description OWI (4th)					
1	200000000000000000000000000000000000000		I	i	I					