21-03529

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0DCL4FR 21-03529

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Crash Date 04/25/2021

Crash Time 04:18 PM

Location ■ ON CTHB WB				I	1 - 4141 -			1	1_
0.43 MI E					Latitude 43.25151	4996		Longitud	e 1313049
OF STRANG RD					X Coordina			Y Coord	
IN THE TOWN OF BE		241910.65625		55625		479365	55		
						Structure Type NO STRUCTURE			
Crash Scene									
First Harmful Event				First Harmful Event Location					
OVERTURN/ROLLOV				SHOULDER LEFT					
Manner of Collision		Light Condition							
	//VEHICLE IN TRANSPORT				DAYLIGH				
Road Surface Condition(s)		Roadway Factor(s)						
DRY									
Environment Factor(s)					1				
NONE		NONE							
Weather Condition(s)									
* /									
CLOUDY									
Animal Type			I .	Relation To Trafficway					
O	-42				TRAFFICWAY - ON ROAD				
Crash Classification - Loc PUBLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION Access Control Special Study					
Tribal Land									
, , , , <u> </u>						NO CONTROL			
Within Interchange Area	Junction Location			Intersection	on Type				
NO	NON-JUNCTION			NOT AN	NINTERSECTION				
Closure Type	•		Reas	ons for Closu	sure				
FULL CLOSURE					-11-11-1-11-1				
Date Initial Lane/Rd Close			LAW ENFORCE		EMENT, FIRE/EMS				
04/25/2021 Date All Lanes Open	04:35 PM Time All Lanes Open		Date Scene Cleare 04/25/2021				me Scene Cleared		
04/25/2021	06:06 PM								
	00100 7 711		04/20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Unit Summary Unit Status		I Voh	icle On	oratina As Cla	esification		I I mit Tumo		
IN TRANSIT		Vehicle Operating As Classific D CLASS				Unit Type AUTOMOBILE			
Vehicle Type						Operating A		ments	
(SPORT) UTILITY VEHICLE							'		
Total Occs	Train/Bus#Recorded	Tota	al#Cita	tions Issued		Total Traile	ers	TotalHaz	MatTypes
1		4				0		0	
Insurance?	Direction Of Travel	-	Pre	CrashTire		Speed Lim	nit	TotalLan	es
NO	WESTBOUND			Mark		55		2	
Most Harmful Event: Collision With OVERTURN/ROLLOVER			Special Function NO SPECIAL FUNCTION			Emergency NOT APPI			
Traffic Way		Traffic Control			Traffic Control Inoperative/Missing				
TWO-WAY, NOT DIVI	I	NO CONTROL			NO				
Surface Type		Road Curvature Road Grade		<u> </u>					
BLACKTOP (BITUMINOUS)			STRAIGHT					LEVEL	
Truck Bus or HazMat	I					1			
NO									
Vehicle									SESSESSESSESSESSESSESSESSESSESSESSESSES
License Plate Numb	er	Pla	te Type	<u> </u>	T	St	Country of Is	suance	
931ZVG			• •	TOMOBILE	<u>-</u> I	WI	UNITED ST	TATES	

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5		Vehicle Identification Number		Make	Year	Model					
0	5	1GNFK16ZX2J153408		CHEVROLET	2002	K1500 SUBU					
		Color BLK - BLACK		Body Style LL - CARRYALL Bus Use							
	ш	Initial Contact Point		Vehicle Damage							
\vdash	정	00 - NON-COLLISION									
H	VEHICLE	Extent Of Damage DISABLING DAMAGE		15 - ALL AREAS							
		Towed Due To Damage		Vehicle Removed By	Vehicle Removed By						
		TOWED DUE TO DISABLE	NG DAMAGE		GEORGES AUTO BODY						
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors							
		Driver Prior Action Other		NOT APPLICABLE							
LIND	VEHICLE	Driver Actions FAILURE TO CONTROL, I CORRECTING/OVER-STE		ONG SIDE OR WRONG	WAY, FAILED 1	O KEEP IN DESIGNATED LANE, OVER-					
		Owner Name		Owner Address	Owner Address						
2	5	SETH T MOORE		6965 HIGH POINT RD ARENA, WI 53503 , US							
		Sequence Of Events									
	10	Event RUN OFF ROADWAY RIG	нт								
	8	Event REENTERING ROADWAY									
	03	Event RUN OFF ROADWAY LEF	vent UN OFF ROADWAY LEFT								
	2	Event OVERTURN/ROLLOVER									
		Individual									
		Driver		Citations Issued		Sex					
		SETH T MOORE		4		MALE					
_	DWIDUAL			Date of Birth		Race WHITE					
S		Address		Driver License Number	•						
_	2	6965 HIGH POINT RD		STATE, WISCONS	STATE: WISCONSIN COUNTRY: UNITED STATES						
		ARENA, WI 53503 , US		O'ALL MOORING OOSTING SHIPE O'ALE							
	Sa	On Duty	Crash	Safety Equipment							
		Row	Seat Position	NONE USED - VEH	CLE OCCUPAN	т					
		01 - FRONT ROW HelmetUse	07 - LEFT	Helmet Compliance							
		neinerose		1 sounds configuration							
		Eye Protection		Tint Compliance							
2	8	Injury Se	everity	Airbag							
	9	Ejected SUSPE	CTED SERIOUS INJUR	NON DEPLOYED		Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT AP	PLICABLE		TRAPPED/EXTRICATED					
		Medical Transport		EMS Agency Identifier		EMS Run#					
		EMS AIR		6001285							

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		Hospital				Date of Death		Time of Death			
		UW HEALTH-AM	ERICAN CENT	ΓER							
		Distracted By Source									
		Distracted By Action UNKNOWN									
Non Motorist Striking Unit # Location											
		Prior Action									
		Action									
	4										
ш	70										
UNIT	INDIVIDUAL										
	Z										
		A - 6 Oth							To (Super Colored		
		Action Other							To/From School		
	Suspected Alcohol Use Drug & Alcohol YES					Suspected Drug Use NO					
		Alcohol Test Given			Alcohol Test Type	<u> </u>		Alcohol Test Results			
	TEST GIVEN BLOOD Drug Test Given Drug Test Type					PENDING Drug Test Results					
_	_	TEŠT NOT GIVEI	N .								
0	199	Drug Type									
		Individual Condition									
		NOT OBSERVED									
	,	Violations	SISISISISISISISISISIS	'&'&'&'&'&'&	*******			****			
	9	UTC Number BG023686	Issue To?	State 346	ute Number .63(1)(a)	Description OPERATING WHILE	UNDER THE INF	FLUENCE(3RD)			
	62	UTC Number BG023687	Issue To?	State 346	ute Number .57(2)	Description FAILURE TO KEEP	VEHICLE UNDER	CONTROL			
	8	UTC Number BG023688	Issue To?		ute Number .935(2)	Description POSSESS OPEN INTOXICANTS IN MV-DRIVER					
	8	UTC Number BG023689	Issue To?		ute Number .48(2m)(b)	Description VEHICLE OPERATO	R FAIL/WEAR SI	EAT BELT			
•	Pro	perty Owner	'	_							
ه 10		Address Address 459 S ASH ST LONE ROCK, WI 53556 , US									
PROP OWNER	,,,,,	.,000 102.					, , ,				
-	Fixe	ixed Objects Struck									
	B	Striking Unit Struck Object Struck Unit O1 FENCE Struck Object Struck Object Struck Object Struck Object O1 Struck Object O1									
	Pro	perty Owner									
05	Orga TRI	anization/Company PLE J FARM				Address E3133 MERCER RD					
PROP	(608 	3) 345-8274			\$	SPRING GREEN, WI 5	3588 , US				
-	Fixe	ed Objects Stri	uck								

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	Striking Unit 01	Struck Object FENCE	Structure Muniber	Damage Tag Number
WITN 01 ESS 01	Witness Individual TAMI ANN JENNING (608) 393-2617	GS HAACK	Address 848 VISTA RIDGE DR MOUNT HOREB, WI 53572, US	Date of Birth