### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Do	cument#	Agency 21-124	Crash Number		ting Officer/Deputy Y W. VERTEIN	
Crash Date 12/27/2021	Crash Time 07:30 AM		Date Ar 12/27/2		Time Arrived	i	
Date Notified 12/27/2021	Time Notified 08:57 AM		Total Ur 01	nits	Total Injured	Total Kille	ed
On Emergency Hit	and Run	Lane Closu	ire	Work Zone	Trailer	or Towed	Reporting  Threshold
Government Property	Active Sch	ool Zone	School NO	Bus Related	Tags		
Reportable	Crash Type DT4000 (STAN	DARD CRASH	)		Amend	led	Secondary  Crash
<b>Description</b>							•
Diagram						Reconstruction Photos By	n By
NON-REPORTABLE							
						Additional Info	ermation
i, a sworn law enforceme						FENNDTINIO TO P	ECOTATE A CUDVE UE
ON THE DESCRIBED DATE, TIME, A LOST CONTROL OF UNIT 1 DUE TO NO REPORTED INJURIES.							

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	Location <b>—</b>								
	ON LAKE RD 448 FT W				Latitude 43.39330	)8981		Longit	tude 04057219
	OF WOODLAWN DR IN THE TOWN OF WASH IN SAUK COUNTY	X Coordinate 248606.078125			Y Coo 4809	rdinate 173.5			
					Structure NO STR	Type UCTURE			
	Crash Scene								
	First Harmful Event				FirstHarm	ıful Event L	ocation		
	DITCH				ROADSI	DE			
	Manner of Collision				Light Con-				
	00 - NO COLLISION W/VE	EHICLE IN TRANSPORT			DAYLIG				
	Road Surface Condition(s)  SNOW, SLUSH				Roadway	Factor(s)			
	Environment Factor(s)								
	WEATHER CONDITIONS				NONE				
	Weather Condition(s)								
	CLOUDY								
	Animal Type				Relation To Trafficway TRAFFICWAY - ON ROAD				
	Crash Classification - Location	1			Crash Cla	ssification -	Jurisdiction		
	PUBLIC PROPERTY				NO SPE	CIAL JUR	ISDICTION		
	Tribal Land		Access Control NO CONTROL					Special Study	
	Within Interchange Area	Junction Location NON-JUNCTION		NOT AN	n Type INTERSE	CTION			
	Unit Summary =	•							
	Unit Status		Vehicle Ope	erating As C	lassification		UnitType		
	IN TRANSIT D CLASS				TRUCK				
7	Vehicle Type	TRUCK					Operating As Endorsements		
_	UTILITY TRUCK/PICKUP	Train/Bus#Recorded	T-4-1# C#-	tions Issued		Total Trai	lore	Total	azMatTypes
	1		0			0		0	
⊢	Insurance? YES	Direction Of Travel  EASTBOUND	Pre	Pre CrashTire Mark		Speed Lim		Total La	ines
LINO	Most Harmful Event: Collision With DITCH			nction IAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way		Traffic Con				Traffic Control Inoperative/Missing NO		
	TWO-WAY, NOT DIVIDED	)	NO CONT						
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature CURVE LEFT			Road Grade DOWNHILL		
	Truck Bus or HazMat		CORVE	CORVE LEFT			DOWNIEL		
	NO								
	Vehicle · · · · · · · · · · · · · · · · · · ·				errererer States				
	License Plate Number 382PNX		Plate Type		·w	St <b>KS</b>	Country of Is		
	Vehicle Identification Nu		LTK - LIGHT TRUCK Make		Year				
2	5 1C6RR7KT3ES443713 RAM					2014 1500			
				Body Style			Bus Use		
	BLU - BLUE			PK - PICKUP					
_	Initial Contact Point	Vehicle Da	Vehicle Damage  01 - RIGHT FRONT CORNER, 04 - RIGH					7 8 9 10 11	
L N N	01 - RIGHT FRONT ( Extent Of Damage MINOR DAMAGE	01 - RIGI				SHT SIDE RE	EAR	5 4 3 2 1	
	WEST WILLTON DAMAGE		1				and the second s		

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		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED What Driver Was Doing		OPERATOR  Vehicle Factors				
		NEGOTIATING CURVE		Venicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions	_	'				
	Н	SPEED TOO FAST/CONE	,					
N N	≌							
🗆	VEHICLE							
		OwnerName		Owner Address				
2	5	JONAS L TROYER (785) 204-2378		615 W 11TH AVE GARNETT, KS 66				
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , ,			
		CARITANA ARAKENIANIA						
		Sequence Of Events						
	5	RUN OFF ROADWAY RIG	GHT					
	02	Event DITCH						
	03	Event						
	0	_						
	8	Event						
  -		Policy Holder						
E S		Insurance Company		Individual				
-		STATE-FARM-FIRE-&-CA	ASUALTY-CO	JONAS TROYER				
		Individual						
		Driver JONAS L TROYER		Citations Issued Sex  0 MALE				
	Ø	(785) 204-2378		Date of Birth				
⊨	ď				WHITE			
EN S	INDIVIDUA	Address 615 W 11TH AVE		Drivert icense Number				
-	Z	GARNETT, KS 66032 , U	is	STATE: KANSAS COUNTRY: UNITED STATES				
		·						
		l On Dut	ty Crash	Safety Equipment				
	Sat	fety Equipment						
		Row Seat Position		SHOULDER & LAP BELT				
		01 - FRONT ROW	07 - LEFT	11.1.10 5				
		HelmetUse	Helmet Compliance					
		Eye Protection		TintCompliance				
5 Injury No APPARENT INJURY NON DEPLOYED								
		Ejected	Trapped/Extricated					
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APF		LICABLE		NOT TRAPPED		
		Medical Transport		EMS Agency Identifier	r	EMS Run#		
		NOT TRANSPORTED						
		I 11		1.00 - 4 4.00 45		Time of Death		
		Hospital		Date of Death		14100,000		
		Distrac	eted By Source	Date of Death		7.11.0 G G G G G G		
		·	eted By Source	Date of Death		, mo 0, 5 5 5 m.		

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		Non Motor	Striking Unit#	Location					
		Prior Action							
LIND	INDIVIDUAL	Action							
		Action Other						To/From School	
	L	Drug & Alcol	Suspected Alcohol to NO		Suspected Drug Use NO				
		Alcohol Test Give		Alcohol Test Type	•		Alcohol Test Results		
		Drug Test Given TEST NOT GIV	'EN	Drug Test Type		Drug Test Results	3		
01	001	Drug Type							
		APPEARED NO							
	Pro∣	l perty Owne	r						
PROP 01	Government TOWNSHIP OF WASHINGTON (608) 986-2875				Address S6683 HILLPOINT RD HILLPOINT, WI 53937				
	Fixe 5	ed Objects S Striking Unit 01	truck Struck Object DITCH				BACTER DE LA PROPERTIE DE LA P	Damage Tag Number NA	