WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Ovenid	e Primary Crash [Document#	Agency 22-050	/ Crash Number 316		g Officer/Deput T T. CLAUE	
Crash Date	Crash Time		Date A		Time Arrive	i	
6/07/2022	07:17 PM		06/07/		07:19 PM		
Date Notified 06/07/2022	Time Notified 07:17 PM		Total U 01	nits	Total Injured	Total Kil	led
On Emergency	Hit and Run	Lane Closu	ıre	☐ Work Zone	Trailer	or Towed	Reporting Threshold
Government Property	Active Sc	Active School Zone		School Bus Related NO		Tags	
Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amend	led	Secondary Crash
escription 🕳	•				•		•
Diagram (Not to sc	ale	Photos By SGT. T. CL Additional Inf PHOTOS	AUER
Shad	y Lane Road overp	ass					
S	South USH lanes		່ານ 				
		North	USH 1	2 lanes			

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L	_ocation ====									
ſ	ON USH12 EB				Latitude			Long	itude	
	291 FT S					02705		-89.7	87004191	
	OF SHADY LANE RD IN THE TOWN OF DELTON								ordinate 5246.5	
	IN SAUK COUNTY					Туре		1.525		
L					NO STR	UCTURE			_	
(Crash Scene									
Ī	First Harmful Event				FirstHarm	nful Event Lo	ocation			
ı	DITCH				SHOULE	ER LEFT				
ı	Manner of Collision				LightCon					
L	00 - NO COLLISION W/VE	HICLE IN TRANSPORT			DAYLIGHT					
ı	Road Surface Condition(s)				Roadway	Factor(s)				
	DRY									
İ	Environment Factor(s)				1					
	NONE				NONE					
ŀ	Weather Condition(s)				1					
	CLEAR									
ŀ	Animal Type				Relation T	o Trafficwa	у			
l					1	CWAY - O				
ľ	Crash Classification - Location PUBLIC PROPERTY				1	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
ŀ	Tribal Land				Access Control Special Study FULL CONTROL					
	Within Interchange Area Junction Location Intersection NO NON-JUNCTION NOT AN				on Type I INTERSECTION					
L		NON-JUNCTION		NOTAN	INTERSE	CTION				
Ţ	Jnit Summary Unit Status		L Vahiala On	oratina An C	`lassification		11.4.4.			
	IN TRANSIT	, ,				Classification Unit Type AUTOMOBILE				
L	/ehicle Type				Operating As Endorsements					
П	PASSENGER CAR				opolosing, to 2 had so small					
ŀ	Total Occs	Train/Bus#Recorded	Total#Cita	tions Issued	ŧ	Total Trail	ers	TotalH	lazMat Types	
l	01		0			0		0		
ı	Insurance?	Direction Of Travel	Pre	Pre CrashTire		Speed Lin		TotalL	anes	
L	YES	SOUTHBOUND		☐ Mark		65		04		
ı	Most Harmful Event: Collision	With	Special Fu NO SPEC	nction IAL FUNC	TION	TION		Emergency Motor Vehicle Use NOT APPLICABLE Traffic Control Inoperative/Missing		
L	DITCH Traffic Way									
ı	DIVIDED HWY W/O TRAF	FIC BARRIER	I	Traffic Control NO CONTROL Road Curvature			NO			
L	Surface Type						Road Grade			
CONCRETE			l l	STRAIGHT			LEVEL			
	Truck Bus or HazMat NO		· ·				l			
	Vehicle									
	License Plate Number		Plate Type	<u> </u>		St	Country of Is	suance		
	AJJ3613	1	AUT - AUTOMOBILE		wı	UNITED STATES				
	Vehicle Identification Nu	Make			Year	Model				
5 1HGCR2F55DA125319			HONDA	HONDA		2013	ACCORD			
	Color MAR - MAROON (BU	1 -	Body Style			Bus Use				
		itosito i j		4D - 4DR Vehicle Damage					<u> </u>	
	14 - UNDERCARRIA	GE	, cincie Di	95					7 8 9 10 11	
	Initial Contact Point 14 - UNDERCARRIAGE Extent Of Damage FUNCTIONAL DAMA	14 - UNI	14 - UNDERCARRIAGE					6 12		
	FUNCTIONAL DAMA	GE							5 4 3 2 1	
39	Notice (1997)								•	

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		Towed Due To Damage TOWED BUT NOT DUE T	O DISABLING DAMAG	Vehicle Removed By CRAIGS TOWING							
	What Driver Was Doing GOING STRAIGHT			Vehicle Factors							
		Driver Prior Action Other		NOT APPLICABLE							
UNIT	VEHICLE	Driver Actions FAILURE TO CONTROL,	WRONG SIDE OR WRON	G WAY, FAILED TO KE	EP IN DESIGNAT	FED LANE					
2	5	OwnerName RYAN TIMOTHY FEARN (608) 225-5669		Owner Address 1220 SILVER DR # 14 BARABOO, WI 53913 , US							
		L Sequence Of Events									
	5	Event CROSS MEDIAN									
	ន	Event DITCH									
	8	Event									
	3	Event									
 <u> </u>		Policy Hölder									
NS.		Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual RYAN FEARN							
		Individual									
		Driver		Citations Issued	Sex						
		RYAN TIMOTHY FEARN		0	MALE						
 -	MO	(608) 225-5669		Date of Birth	Race WHITE						
IND	INDIVIDUA	Address 1220 SILVER DR # 14 BARABOO, WI 53913 , U	s	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sai	On Duty [ety Equipment	y Crash	Safety Equipment							
		Row Seat Position 01 - FRONT ROW 07 - LEFT		SHOULDER & LAP BELT							
		HelmetUse		Heimet Compliance							
		Eye Protection		Tint Compliance							
2	100	Injury S	everity ECTED MINOR INJURY	Airbag NON DEPLOYED							
		Ejected	Ejection Path			Trapped/Extricated					
		NOT EJECTED NOT EJECTED/NOT AF				NOT TRAPPED					
		Medical Transport EMS GROUND		EMS Agency Identifier 6000123		EMS Run#					
		Hospital ST CLARE HOSP		Date of Death Time of Death							
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTR	RACTED)		•					
		Distracted By Action NOT DISTRACTED									

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								• •		
		Non Motori	Striking Unit#	Location						
		Prior Action								
		Action								
	UAL									
UNIT	NOWBUAL									
	IND									
		Action Other						To/From School		
	L	Drug & Alcoh	Suspected Alcohol U O NO	se	Suspected Drug Use NO					
	Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Type			Alcohol Test Type			Alcohol Test Results			
				Drug Test Type	Drug Test Results					
01	Drug Type									
		Individual Condition								
		CONFUSED OR	DISORIENTED (NON	I LUCID)						
'	Pro	perty Owner								
^아 01	Gove WIS (608	ernment CONSIN DEPT C I) 246-3800	OF TRANSPORTATION		Address 2101 WRIGHT ST MADISON, WI 53705	2583, US				
PROP OWNER										
	Fixe	ed Objects St					*****			
	5		Struck Object DITCH				Structure Number [Damage Tag Number		
ı						li e				