

6TL0CR2KRR
22-05220

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0CR2KRR

| | | | | | | | |
|--|---|--|------------------------------------|--|---|--|--|
| Document Number Override | | Primary Crash Document# | | Agency Crash Number SC22-05220 | | Investigating Officer/Deputy DEPUTY Z. DRILL | |
| Crash Date 06/05/2022 | | Crash Time 02:55 AM | | Date Arrived 06/05/2022 | | Time Arrived 04:15 AM | |
| Date Notified 06/05/2022 | | Time Notified 04:07 AM | | Total Units 01 | | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input checked="" 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 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

| | |
|-------------|---------------------------------------|
| Diagram | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

SEE REPORT

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Location

| | | |
|--|--------------------------------|----------------------------|
| ON CTHU SB 0.32 MI S OF HEIN ROAD CONN IN THE TOWN OF FAIRFIELD IN SAUK COUNTY | Latitude 43.534421454 | Longitude -89.634430066 |
| | X Coordinate 287138.34375 | Y Coordinate 4823536 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event TREE | First Harmful Event Location ROADSIDE | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) WET | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLOUDY | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - NOT 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

| | | | | | |
|------------|---|---|--|--|--------------------------------|
| 01 UNIT | Unit Status HIT AND RUN | 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 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? UNKNOWN | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | Total Lanes 2 |
| | Most Harmful Event: Collision With TREE | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | Road Curvature CURVE RIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | |

Vehicle

| | | | | |
|---|---|---|---------------------|---|
| 01 UNIT VEHICLE | License Plate Number ACL4592 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number KL4CJESB7LB333661 | Make BUICK | Year 2020 | Model ENCORE |
| | Color WHI - WHITE | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | Initial Contact Point 11 - LEFT FRONT CORNER | Vehicle Damage | | |
| Extent Of Damage DISABLING DAMAGE | 15 - ALL AREAS | | | |

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| | | | | | |
|---|---|-----------------------|--|---|--|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By BILLS TOWING | | |
| | What Driver Was Doing | | Vehicle Factors | | |
| | Driver Prior Action Other | | OTHER | | |
| | Driver Actions FAILURE TO CONTROL | | | | |
| 01 01 | Owner Name RHEA R PAUL | | Owner Address 423 W EMMETT ST PORTAGE, WI 53901 , US | | |
| | Sequence Of Events | | | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | | | |
| | Event DITCH | | | | |
| | Event TREE | | | | |
| | Event | | | | |
| UNIT INDIVIDUAL | Individual | | | | |
| | Driver | | Citations Issued 0 | Sex | |
| | Address | | Date of Birth | Race | |
| | | | Driver License Number | | |
| 01 001 | Safety Equipment | | On Duty Crash | | |
| | | | Safety Equipment | | |
| | Row 99 - UNKNOWN | Seat Position | NONE USED - VEHICLE OCCUPANT | | |
| | Helmet Use | | Helmet Compliance | | |
| | Eye Protection | | Tint Compliance | | |
| | Injury | | Injury Severity NO APPARENT INJURY | Airbag NOT APPLICABLE | |
| | Ejected NOT APPLICABLE | | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT APPLICABLE | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | | |
| Hospital | | Date of Death | Time of Death | | |
| Distracted By | | Distracted By Source | | | |
| Distracted By Action | | | | | |
| Non Motorist | | Striking Unit # | Location | | |

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| | | | |
|---|---|-----------------------|----------------------|
| UNIT INDIVIDUAL 01 001 | Prior Action | | |
| | Action | | |
| | Action Other | | To/From School |
| | Drug & Alcohol | Suspected Alcohol Use | Suspected Drug Use |
| | 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 | | |
| | NOT OBSERVED | | |