

6TL0CCZ7TS
22-05308

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override		Primary Crash Document#		Agency Crash Number 22-05308		Investigating Officer/Deputy DEPUTY K. RENZ	
Crash Date 06/07/2022		Crash Time 03:23 PM		Date Arrived 06/07/2022		Time Arrived 04:14 PM	
Date Notified 06/07/2022		Time Notified 03:25 PM		Total Units 01		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input 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

<p>Diagram</p> <p>County Rd DL</p> <p>Point of impact</p> <p>South Shore Road</p> <p>Not drawn to scale</p>	Reconstruction By
	Photos By DEPUTY RENZ #9148
	Additional Information PHOTOS

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

ON 6/10/2022, AT APPROXIMATELY 3:23 PM, UNIT 1 WAS DRIVING WESTBOUND ON SOUTH SHORE ROAD NEAR COUNTY RD DL WHEN IT WENT OFF THE ROADWAY AND STRUCK A MAILBOX LOCATED AT S5747A SOUTH SHORE ROAD, BARABOO. UNIT 1 CONTINUED TO DRIVE AWAY FROM THE SCENE AND WAS LATER LOCATED AT DEVILS LAKE SOUTH SHORE LOT 1. THE DRIVER OF UNIT 1 WAS ARRESTED FOR OPERATING WHILE INTOXICATED. THE OWNER OF THE MAILBOX WAS ABLE TO FIX THE MAILBOX AND DID NOT NOTE ANY DAMAGE TO THE MAILBOX. HE DID NOT WANT ANY MONETARY REIMBURSEMENT FOR THE MAILBOX.

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Location

ON S5747A S SHORE RD 79 FT S OF BREEZY KNOLL LN/ STH136 EB (HOUSE/BUILDING S5747A) IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude	Longitude
	43.436332812	-89.743530581
	X Coordinate	Y Coordinate
	277963.4375	4812927
	Structure Type	HOUSE/BUILDING

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - 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

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 4	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 2
	Most Harmful Event: Collision With MAILBOX	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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number AAT4175	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number KNDCC3LG3N5140553	Make KIA MOTORS CORPORAT	Year 2022	Model NITRO
		Color BLU - BLUE	Body Style 4D - 4DR		Bus Use
		Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR		
		Extent Of Damage MINOR DAMAGE			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By CRAIGS TOWING			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
	Driver Prior Action Other		UNKNOWN			
	Driver Actions EXCEED SPEED LIMIT, SPEED TOO FAST/COND, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER					
01	01	Owner Name KEITH E FULLER (608) 209-0270		Owner Address 1270 TWINLEAF LN MADISON, WI 53719 , US		
		Sequence Of Events				
UNIT INDIVIDUAL	01	01	Event DITCH			
			02	Event MAILBOX		
				Event		
			04	Event		
UNIT INDIVIDUAL	01	001	Individual			
			Driver BRYNN E FULLER (608) 209-0270		Citations Issued 4	Sex FEMALE
			Address 1270 TWINLEAF LN MADISON, WI 53719 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	01	001	Safety Equipment			
			On Duty Crash		Safety Equipment	
			Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN	
			Helmet Use		Helmet Compliance	
UNIT INDIVIDUAL	01	001	Eye Protection		Tint Compliance	
			Injury		Airbag	
			NO APPARENT INJURY		NON DEPLOYED	
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
UNIT INDIVIDUAL	01	001	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
			Hospital		Date of Death	Time of Death
			Distracted By		Distracted By Source UNKNOWN	
			UNKNOWN		Distracted By Action UNKNOWN	
UNIT INDIVIDUAL	01	001	Non Motorist		Striking Unit #	Location

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action	
		Action	
01	001	Action Other	
		To/From School	
01	001	Drug & Alcohol	
		Suspected Alcohol Use YES	Suspected Drug Use YES
01	001	Alcohol Test Given TEST GIVEN	Alcohol Test Type PRELIMINARY BREATH TEST (PBT)
		Alcohol Test Results 18	
01	001	Drug Test Given TEST GIVEN	Drug Test Results PENDING
		Drug Type	
01	001	Individual Condition	
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL	
UNIT	INDIVIDUAL	Individual	
		Passenger DEVION M FOUNTAIN	Citations Issued 0
01	002	Date of Birth [REDACTED]	Sex MALE
		Address 5813 BALSAM RD # 4 MADISON, WI 53711 , US	Race BLACK/AFRICAN AMERICAN
01	002	Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
		Safety Equipment	
01	002	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT
01	002	Helmet Use	SHOULDER & LAP BELT
		Eye Protection	Helmet Compliance
01	002	Injury	
		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
01	002	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED	
01	002	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
		Hospital	EMS Run#
01	002	Date of Death	Time of Death
		Distracted By	
01	002	Distracted By Source	
		Distracted By Action	
01	002	Non Motorist	
		Striking Unit#	Location
01	002	Prior Action	

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UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		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 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
		Violations					
		01	002	UTC Number BD756466	Issue To? 001	Statute Number 346.63(1)(a)	Description OPERATING WHILE UNDER THE INFLUENCE
				UTC Number BD756467	Issue To? 001	Statute Number 346.57(2)	Description UNREASONABLE AND IMPRUDENT SPEED
UTC Number BD756468	Issue To? 001			Statute Number 346.04(2)	Description FAIL/OBEY TRAFFIC SIGN/SIGNAL		
UTC Number BD756469	Issue To? 001			Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE		

Property Owner

PROP OWNER	01	Government SAUK COUNTY HWY DEPT (608) 356-3855	Address 620 5TH 136 PO BOX 26 BARABOO, WI 53913 , US
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Fixed Objects Struck

PROP OWNER	01	Striking Unit 01	Struck Object DITCH	Structure Number	Damage Tag Number N/A
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Property Owner

PROP OWNER	02	Individual DALE C PLAMANN (608) 356-6149	Address S5747A SOUTH SHORE BARABOO, WI 53913 , US
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Fixed Objects Struck

PROP OWNER	02	Striking Unit 01	Struck Object MAILBOX	Structure Number	Damage Tag Number N/A
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