

6TL0DCL4H3

22-05220

# 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 <b>6TL0CR2KRR</b>		Primary Crash Document#	Agency Crash Number <b>SC22-05220</b>	Investigating Officer/Deputy <b>DEPUTY Z. DRILL</b>	
Crash Date <b>06/05/2022</b>		Crash Time <b>02:55 AM</b>	Date Arrived <b>06/05/2022</b>	Time Arrived <b>04:15 AM</b>	
Date Notified <b>06/05/2022</b>		Time Notified <b>04:07 AM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram 	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 DRIVEN BY AN UNKNOWN DRIVER WAS TRAVELING SOUTH ON COUNTY RD U JUST SOUTH OF HEIN RD WHEN UNIT ONE LEFT THE ROADWAY ON THE EAST SIDE OF THE ROAD, ROLLED ONTO THE PASSENGER SIDE, AND SLID INTO A TREE. THE TREE CONTACTED UNIT 1 AT THE HOOD AND WINDSHIELD CAUSING THE WINDSHIELD TO BE COMPLETELY DESTROYED AND THE ROOF OF UNIT ONE TO BE CRUSHED AND FOLDED DOWN INTO THE CAB OF THE VEHICLE AND PRESSED INTO THE DRIVER AND PASSENGER SEATS. DRIVER WAS NOT ON SCENE, NO OTHER VEHICLES WERE INVOLVED IN THE ACCIDENT. PLEASE SEE SUPPLEMENTAL REPORT FOR FURTHER INFORMATION.

ADDING NARRATIVE INFORMATION THAT I PUT IN THE REPORT BUT NOT IN THE CRASH REPORT NARRATIVE.

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Location

Table with location details: ON CTHU SB, 0.32 MI S OF HEIN ROAD CONN IN THE TOWN OF FAIRFIELD IN SAUK COUNTY. Includes Latitude (43.534421454), Longitude (-89.634430066), X Coordinate (287138.34375), Y Coordinate (4823536), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: 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

Table with unit summary details for Unit 01: 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), 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

Table with vehicle details for Unit 01: 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).

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UNIT VEHICLE	Vehicle Damage		7 8 9 10 11 6 12 5 4 3 2 1	
	Extent Of Damage <b>DISABLING DAMAGE</b>	15 - ALL AREAS		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>BILLS TOWING</b>		
	What Driver Was Doing	Vehicle Factors		
UNIT VEHICLE	Driver Prior Action Other	<b>OTHER</b>		
	Driver Actions <b>FAILURE TO CONTROL</b>			
	Owner Name <b>RHEA R PAUL</b>	Owner Address <b>423 W EMMETT ST PORTAGE, WI 53901 , US</b>		
	<b>Sequence Of Events</b>			
UNIT VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>DITCH</b>		
	03	Event <b>TREE</b>		
	04	Event		
UNIT INDIVIDUAL	<b>Individual</b>			
	01	Driver	Citations Issued <b>0</b>	Sex
	02		Date of Birth	Race
	03	Address	Driver License Number	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
	01	Row <b>99 - UNKNOWN</b>	Seat Position	<b>NONE USED - VEHICLE OCCUPANT</b>
	02	Helmet Use	Helmet Compliance	
	03	Eye Protection	Tint Compliance	
UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity	Airbag
	01	<b>NO APPARENT INJURY</b>		<b>NOT APPLICABLE</b>
	02	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</b>
	03	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
UNIT INDIVIDUAL	04	Hospital	Date of Death	Time of Death
	<b>Distracted By</b> Distracted By Source			

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UNIT INDIVIDUAL          01 001	Distracted By Action		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>NOT OBSERVED</b>		