6TL0BJ1GMD

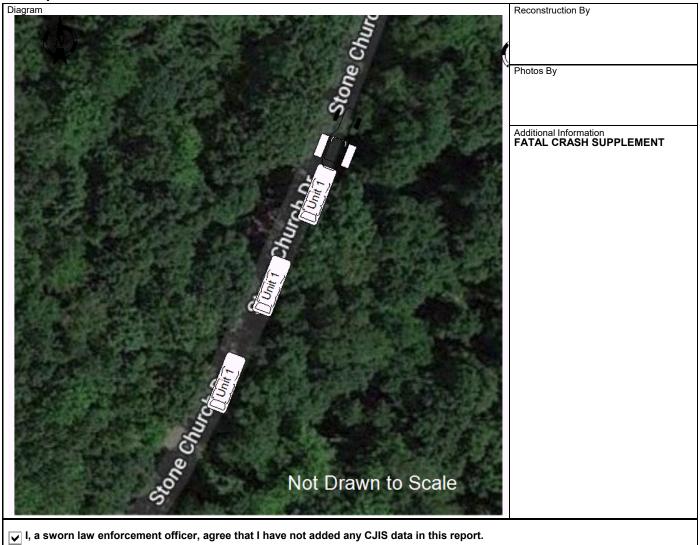
22-07873

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document # | Agency Crash Number 22-07873 | | Investigating Officer/Deputy DEPUTY J. MACASKILL | | | |
|-----|--------------------------|--------------------------------------|------------------------------|---------|--|-----------------------------|--------------------|--|
| MD | Crash Date 08/10/2022 | Crash Time 04:30 PM | | | | | | |
| 11G | Date Notified 08/10/2022 | Time Notified 04:37 PM | Total Units 01 | | Total Injured Total Killed 00 01 | | | |
| 0B, | On Emergency | t and Run | vre 🗸 Wo | rk Zone | Trailer or T | r Towed Reporting Threshold | | |
| 6TL | Government Property | Active School Zone | School Bus Relat | ed | Tags | Fags | | |
| | ✓ Reportable | Crash Type DT4000 (STANDARD CRASH |) | | Amended | | Secondary Crash | |

Description



ON 8/10/22 AT APPROXIMATELY 1630, UNIT 1 WAS DRIVING EASTBOUND ON STONE CHURCH DR. NEAR COUNTY ROAD D. UNIT 1 DROVE INTO A WORK ZONE PAST A WARNING SIGN INDICATING ROAD WORK AHEAD. UNIT 1 THEN DROVE INTO THE REAR OF A PARKED TRACTOR ON THE ROADWAY. UNIT 1 THEN DROVE AWAY FROM THE CRASH SCENE LAST SEEN EAST BOUND TOWARD ROCK ELM ROAD.

22-07873

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

| L | .oc | ation | | | | | | | | | | |
|---|---|--|---------------------|--|---|-----------------------------|-------------------------------------|-------------------------|-----------|----------|---------------|----|
| | | STONE CHURCH RD | | | | | Latitude | | | Longitud | le | |
| | 0.45 MI E OF CTHD EB IN THE TOWN OF WESTFIELD | | | | | 43.4253 | 07796 | | -89.975 | | | |
| | | | | | | X Coordin | ate | te Y Coordinate | | inate | | |
| | | N THE TOWN OF WESTFIELD N SAUK COUNTY | | | | | 259165.09375 4812346.5 | | | 6.5 | | |
| | | | | | | | | Type UCTURE | | | | |
| | `*~ | sh Scene | | | | | NO SIR | OCTORE | | | | |
| _ | | Harmful Event | | | | | First Harn | nful Event Lo | ocation | | | |
| | OTHER FIXED OBJECT | | | | ON ROA | | Joanon | | | | | |
| Π | Manner of Collision | | | | Light Con | dition | | | | | | |
| | 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | | | DAYLIGHT | | | | | | | |
| 1 | Road | I Surface Condition(s) | | | | | Roadway | Factor(s) | | | | |
| 1 | DRY | , | | | | | | | | | | |
| Π | Envir | onment Factor(s) | | | | | | | | | | |
| | NON | IE | | | | | WORK Z | | NSTRUCTIO | N/MAINT | ENANCE/UTILIT | Ύ) |
| , | Weat | ther Condition(s) | | | | | | | | | | |
| | CLE | | | | | | | | | | | |
| | Animal Type | | | | | Relation To Trafficway | | | | | | |
| | | | | | TRAFFICWAY - ON ROAD | | | | | | | |
| 1 | Cras | Crash Classification - Location | | | | | Crash Classification - Jurisdiction | | | | | |
| | | | OPERTY | | | | NO SPECIAL JURISDICTION | | | | | |
| | Tribal Land | | | | Access Control Special Study NO CONTROL | | | | | | | |
| ١ | Within Interchange Area Junction Location | | | | Intersection Type | | | | | | | |
| | NO NON-JUNCTION | | | NOT AN INTERSECTION | | | | | | | | |
| | | | | Work Zone Crash Type LANE CLOSURE | | | | | | | | |
| | Workers Present | | | | Law Enforcement Present | | | | | | | |
| | YES | | | | NO | | | | | | | |
| ١ | - | | | Advisory/Regulat | atory Speed Limit Normal F | | | rmal Posted Speed Limit | | | | |
| L | 45 | | | REGULATOR | Y | | 45 | | | | | |
| | | Summary | | | | | | | | | | |
| | Unit Status | | | Vehicle Operating As Classification D CLASS | | | Unit Type AUTOMOBILE | | | | | |
| | IN TRANSIT Vehicle Type | | | | D CLASS | Operating As Endorsements | | | | ments | | |
| | PASSENGER CAR | | | | | | | oporating / to | Endoroor | lionto | | |
| | Total Occs Train/Bus # Recorded | | | Total # Citations Issued Total Tr | | Total Trail | ers | Total Haz | Mat Types | | | |
| ŀ | 1 | | | | | 0 | 0 | | | | | |
| | | ance? | Direction Of T | | | | Speed Lin 45 | Limit Total La | | es | | |
| | YES EASTBOUND Most Harmful Event: Collision With | | Special Function 45 | | 45 | Emergency Motor Vehicle Use | | | | | | |
| | OTHER FIXED OBJECT | | | | | | | NOT APPLICABLE | | | | |
| ŀ | Traffic Way | | | Traffic Control | | | Traffic Control Inoperative/Missing | | | | | |
| | TWO-WAY, NOT DIVIDED | | | NO CONTROL | | | NO | | | | | |
| | | | | Road Curvature Road Grade | | | | | | | | |
| | BLACKTOP (BITUMINOUS) Truck Bus or HazMat | | | STRAIGHT LEVEL | | | | | | | | |
| | NO | | | | | | | | | | | |
| | ١ | /ehicle | | | | | | | | | | |
| | License Plate Number | | | Plate Type | | | St | Country of Iss | uance | | | |
| | | 372GDB | | | | TOMOBIL | | | | | | |
| | Ξ | Vehicle Identification Num | | | | | | Year | Model | | | |
| | 5 1GMDX03E4YD111624 | | | PONTIAC 2000 | | 2000 | MONTANA | | | | | |

6TL0BJ1GMD

22-07873

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Color | | Body Style Bus Use | | | | | |
|---------|---------|---|----------------------------|--|-----------------|--------------------|----------------|--|--|
| | | BRO - BROWN | | VN - VAN | | | | | |
| | ш | Initial Contact Point | | Vehicle Damage | | ' I | | | |
| E | 5 | 12 - FRONT | | 01 - RIGHT FRONT (| CORNER 02 - RIC | | 7 8 9 10 11 | | |
| UNIT | Ĕ | Extent Of Damage | | FRONT, 03 - RIGHT SIDE MIDDLE, 10 - LEFT SIDE | | | | | |
| | VEHICLE | FUNCTIONAL DAMAGE | | FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | | | | | |
| | - | Towed Due To Damage | | Vehicle Removed By | | | | | |
| | | NOT TOWED | | OPERATOR | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | | GOING STRAIGHT | | | | | | | |
| | | Driver Prior Action Other | | UNKNOWN | | | | | |
| | | | | | | | | | |
| | | Driver Actions | | | | | | | |
| | щ | DISREGARDED OTHER TRAFFIC CONTROL , OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER | | | | | | | |
| UNIT | VEHICLE | | | | | | | | |
| 5 | I | | | | | | | | |
| | K | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | |
| 0 | 01 | RICHARD ROEVER | | S6188 COUNTY ROAD D ROCK SPRINGS, WI 53961 , US | | | | | |
| 0 | 0 | | | RUUR SPRINGS, WI 33961, US | | | | | |
| | | | | | | | | | |
| | | Sequence Of Events | | | | | | | |
| | 01 | Event | | | | | | | |
| | 0 | OTHER FIXED OBJECT | | | | | | | |
| 8 Event | | | | | | | | | |
| | | | | | | | | | |
| | 03 | Event | | | | | | | |
| | 4 | Event | | | | | | | |
| | 04 | | | | | | | | |
| E | I | Policy Holder | | | | | | | |
| UNIT | | Insurance Company | | Individual | | | | | |
| | | AMERICAN-FAMILY-INS- | CO | RICHARD ROEVE | R | | | | |
| | | ndividual | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | |
| | _ | RICHARD ROEVER | | 0 | MALE | | | | |
| | DUAL | | | Date of Birth | Race | | | | |
| E | D | | | WHITE | | | | | |
| N. | 2 | Address | | Driver License Number | | | | | |
| - | INDIVI | S6188 COUNTY ROAD D ROCK SPRINGS, WI 539 | 84 119 | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | - | | 51 , 66 | | | | | | |
| | | | | | | | | | |
| | Saf | On Dut | y Crash | Safety Equipment | | | | | |
| | | | | NONE USED - VEHICLE OCCUPANT | | | | | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | NONE USED - VER | IICLE OCCUPAN | 1 | | | |
| | | Helmet Use | | Helmet Compliance | | | | | |
| | | neiner Ose | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| | | - | | | | | | | |
| 01 | 001 | Injury Severity FATAL INJURY Ejected Ejected Ejection Path NOT 5 150750 (NOT ADD | | Airbag | | | | | |
| • | ŏ | | | DEPLOYED-FRONT | | | | | |
| | | | | | | Trapped/Extricated | | | |
| | | NOT EJECTED NOT EJECTED/NOT APP | | | | | | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | - | EMS Run # | | | |
| | | NUT INANGFURIED | | | | | | | |
| Nicoo | ncin N | Aotor Vehicle Crash | This rep | ort does not include any C | IIS data | Crash Da | ate 08/10/2022 | | |

6TL0BJ1GMD

22-07873

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Hospital | | Date of Death | | Time of Death | | | | |
|------|-----------------------------|----------------------------------|----------------------|--------------------------------|------------------------------|------------------------------|---------------------------------|-------------------|--|
| | | | | | 08/11/2022 | | 14:34 | | |
| | | Distracted B | Distracted By Source | 9 | | | | | |
| | | Distracted By Action | ſ | | | | | | |
| | | Non Motoris | Striking Unit # | Location | | | | | |
| | | Prior Action | | | | | | | |
| | | Action | | | | | | | |
| ⊢ | UAL | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | |
| | IN | | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | | | | | | | | | |
| | L | Drug & Alcoho | Suspected Alcohol L | | Suspected Drug Use NO | | | | |
| | | Alcohol Test Given TEST GIVEN | | Alcohol Test Type BLOOD | 2 | | Alcohol Test Results PENDING | | |
| | | Drug Test Given TEST GIVEN | | Drug Test Type BLOOD | | Drug Test Results PENDING | i | | |
| 6 | 001 | Drug Type | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | NOT OBSERVE | 0 | | | | | | |
| | Pro | perty Owner | | | | | | | |
| 01 | | nization/Company | | | Address E9827 COUNTY ROAI | D P | | | |
| PROP | (608) 844-3161 | | | WISCONSIN DELLS, WI 53965 , US | | | | | |
| | Fixe | ed Objects Str | uck | | | | | | |
| | Striking Unit Struck Object | | | | | | Structure Number | Damage Tag Number | |
| | 01 | 01 V | VORK ZONE/MAINT | ENANCE EQUIP | PMENT | | | | |