# 6TL0DKRB0F 22-12500

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/15/2022

Crash Time 02:50 AM

|          | Document Number Override  | Primary Crash Document# Agency Crash Nu 22-12500 |                           |                                     |                          | stigating Officer/Deputy PUTY R. BARNES |                               |               |                      |  |
|----------|---|--|---------------------------|-------------------------------------|--------------------------|---|-------------------------------|---------------|----------------------|--|
| 30F      | Crash Date<br>12/15/2022  | Crash Time<br>02:50 AM                           | Date An                   | Date Arrived                        |                          | Time                                    | Time Arrived                  |               |                      |  |
| 0DKRB0   | Date Notified 12/15/2022  | Time Notified 02:50 AM                           | Total Ur<br>01            | Total Units 01                      |                          | Total                                   | Total Injured Total Killed 00 |               |                      |  |
| 0.       | On Emergency Hi   | t and Run Lane C                                 | Closure                   |                                     | rk Zone                  |   | Trailer or T                  | owed          | Reporting  Threshold |  |
| eTL      | Government Property   | Active School Zone                               | NO<br>NO                  | Bus Relat                           | ed                       | Tags                                    |                               |               |                      |  |
|          | Reportable  | Crash Type<br>NON-DOMESTICATED A                 | NIMAL W/ N                | O INJUR                             | Υ                        |   | Amended                       |               | Secondary  Crash     |  |
|          | I, a sworn law enforcement  | i any CJ   | CJIS data in this report. |                                     |                          |   |                               |               |                      |  |
|          | Location <b></b>  |  |                           |                                     |                          |   |                               |               |                      |  |
| - [      | ON STH154 WB  |  |                           |                                     | Latitude                 |   |                               | Longitud      | Δ                    |  |
|          | 429 FT E  |  |                           | -                                   |                          | 43.473048991<br>X Coordinate            |                               |               | )906435              |  |
|          | OF HIGH LOW RD  |  |                           |                                     |                          |   |                               |               |                      |  |
|          | IN THE TOWN OF EXCELSIO   | ne   |                           |                                     |                          |   |                               | Y Coord       |                      |  |
|          | IN SAUK COUNTY  | <b>2</b> 10                                      |                           |                                     | 262132.9                 | 53125                                   | 481755                        |               | 0.5                  |  |
|          | IN SAUK COURT   |  |                           |                                     | Structure 7              | Type                                    |                               |               |                      |  |
|          |   |  |                           |                                     | Chactare                 | , ypc                                   |                               |               |                      |  |
| L        |   |  |                           |                                     |                          |   |                               |               |                      |  |
| (        | Crash Scene   |  |                           |                                     |                          |   |                               |               |                      |  |
|          | First Harmful Event   |  |                           |                                     | FirstHarm                | ful Event Lo                            | cation                        |               |                      |  |
|          | OTHER NON-COLLISION   |  |                           |                                     | SHOULD                   | ER LEFT                                 |                               |               |                      |  |
| ŀ        | Manner of Collision   |  |                           |                                     | Light Cond               | dition                                  |                               |               |                      |  |
|          | 00 - NO COLLISION W/VEHIC   | CLE IN TRANSPORT                                 |                           | Eight Continues                     |                          |   |                               |               |                      |  |
| ŀ        | Road Surface Condition(s)   |  |                           |                                     | Roadway Factor(s)        |   |                               |               |                      |  |
|          | road corrace correlation(s)   |  |                           |                                     | Roadway Factor(s)        |   |                               |               |                      |  |
|          |   |  |                           |                                     |                          |   |                               |               |                      |  |
| ľ        | Environment Factor(s)   |  |                           |                                     | 1                        |   |                               |               |                      |  |
|          |   |  |                           |                                     | -                        |   |                               |               |                      |  |
|          |   |  |                           |                                     |                          |   |                               |               |                      |  |
|          | Weather Condition(s)  |  |                           |                                     |                          |   |                               |               |                      |  |
|          |   |  |                           |                                     |                          |   |                               |               |                      |  |
| ŀ        | Animal Type   |  |                           |                                     |                          | Relation To Trafficway                  |                               |               |                      |  |
|          | Zuminer i Abe   |  |                           |                                     | TRAFFICWAY - NOT ON ROAD |   |                               |               |                      |  |
| ŀ        | Crash Classification - Location   |  |                           | Crash Classification - Jurisdiction |                          |   |                               |               |                      |  |
|          | PUBLIC PROPERTY   |  |                           | NO SPECIAL JURIS Access Control     |                          |   |                               |               |                      |  |
| ŀ        | TribalLand  |  |                           |                                     |                          |   |                               | Special Study |                      |  |
|          | 11100150110   |  |                           |                                     |                          |   |                               | '             |                      |  |
| L        | Init Summanı  |  |                           |                                     |                          |   |                               |               |                      |  |
|          | Unit Summary  |  | DV-1:-1- 0                | -t' A - O                           | 1166                     |   | L <del></del>                 |               |                      |  |
|          |   |  |                           | Vehicle Operating As Classification |                          |   | UnitType                      |               |                      |  |
|          |   |  |                           | D CLASS                             |                          |   |                               | AUTOMOBILE    |                      |  |
| _ [      | Vehicle Type  |  |                           |                                     |                          |   | Operating A                   | ks Endorser   | ments                |  |
| 01       | (SPORT) UTILITY VEHICLE   |  |                           |                                     |                          |   |                               |               |                      |  |
| ŀ        | Total Occs  | Total#Citations Issued                           |                           | TotalTrail                          |                          | ailers Total Hazī                       |                               | Vat Types     |                      |  |
|          | 1   | I I I  |                           | 0                                   |                          | 0                                       |                               | 0             | **                   |  |
| ŀ        | Insurance?  |  |                           |                                     | Pre CrashTire Speed      |   |                               |               | es                   |  |
| <u>.</u> |   |  |                           |                                     |                          | 3,555.200                               |                               |               |                      |  |
| LINO     | YES WESTBOUND Mark  Most Harmful Event: Collision With Special Function |  |                           |                                     |                          |   | Emergency Motor Vehicle Use   |               |                      |  |
| <b>5</b> | OTHER NON-COLLISION   | NO SPECIAL FUNCT                                 |                           | TION                                |                          | NOT APPLICABLE                          |                               |               |                      |  |
|          | Traffic Way   |  |                           |                                     |                          | Traffic Control Inoperative/Missing     |                               |               |                      |  |
|          | rianic rray   | Traffic Control                                  |                           |                                     |                          | Harric Control moperative/ivilssing     |                               |               |                      |  |
| }        | Surface Type  | Bood Converting                                  |                           |                                     |                          |   | Road Grade                    |               |                      |  |
|          |   | Road Curvature                                   |                           |                                     | stoad Grade              |   |                               |               |                      |  |

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|              | True       | ck Bus or HazMat                                   |               |   |   |                     |  |  |  |
|--------------|------------|--|---------------|---|---|---------------------|--|--|--|
|              |            | Vehicle  |               |   |   |                     |  |  |  |
|              |            | License Plate Number<br>861ZHZ                     |               | Plate Type AUT - AUTOMOBILE             | St  | Country of Issuance |  |  |  |
|              |            | Vehicle Identification Num                         | ber           | Make Make                               | Wi<br>Year                                    | Model Model         | •  |  |  |
| UNIT         | VEHICLE OF | 1GNFK26319R228686                                  | i             | CHEVROLET                               | 2009  | SUBURBAN            |  |  |  |
|              |            | Color WHI - WHITE                                  |               | 1 ''                                    | Body Style Bus Use UT - SPORT UTILITY VEHICLE |                     |  |  |  |
|              |            | Initial Contact Point                              |               | Vehicle Damage                          |   |                     | 7 8 9 10 11  |  |  |
|              |            | 00 - NON-COLLISION  Extent Of Damage  NO DAMAGE    |               | 00 - NO DAMAGE                          |   |                     | 6 12   |  |  |
|              | Ą          |  |               |   |   | 5. 4 3. 2 1         |  |  |  |
|              |            | Towed Due To Damage NOT TOWED                      |               | Vehicle Removed By OPERATOR             |   |                     |  |  |  |
|              |            | What Driver Was Doing                              |               | Vehicle Factors                         |   |                     |  |  |  |
|              |            | Driver Driver Action Others                        |               |   |   |                     |  |  |  |
|              |            | Driver Prior Action Other                          |               |   |   |                     |  |  |  |
|              |            | Driver Actions SPEED TOO FAST/CO                   | חאר           | _                                       |   |                     |  |  |  |
| <sub>⊨</sub> | VEHICLE    | 0, 222 1001 201/00                                 | ,,,,,         |   |   |                     |  |  |  |
| NN<br>L      | Ŧ          |  |               |   |   |                     |  |  |  |
|              | 35         |  |               |   |   |                     |  |  |  |
|              |            | Owner Name   |               | Owner Address                           |   |                     | The second secon |  |  |
|              | 5          |  |               |   |   |                     |  |  |  |
|              |            |  |               |   |   |                     |  |  |  |
| l⊨           |            | Policy Holder                                      |               |   |   |                     |  |  |  |
| IN I         |            | Insurance Company UNKNOWN                          |               | Individual PATRICK VAN GROLL            |   |                     |  |  |  |
|              |            | Individual   |               |   |   |                     |  |  |  |
|              |            | Driver PATRICK JAMES VAN GROLL                     |               | Citations Issued                        | Citations issued Sex 0 MALE                   |                     |  |  |  |
|              | M          |  |               | Date of Birth                           | Race  |                     |  |  |  |
| F            | ₫          |  |               |   | WHITE   |                     |  |  |  |
| 5            |            | Address<br>35 BINDL DR<br>REEDSBURG, WI 53959 , US |               | STATE: WISCONSIN COUNTRY: UNITED STATES |   |                     |  |  |  |
|              |            |  |               |   |   |                     |  |  |  |
|              |            | On Duty Crash                                      |               | Safety Equipment                        |   |                     |  |  |  |
|              | Sai        | fety Equipment                                     |               |   |   |                     |  |  |  |
|              |            | Row  | Seat Position | SHOULDER & LAP BI                       | SHOULDER & LAP BELT                           |                     |  |  |  |
|              |            | Helmet Use   |               | Helmet Compliance                       |   |                     |  |  |  |
|              |            | Eye Protection                                     |               | TintCompliance                          |   |                     |  |  |  |
|              |            | Lyanioleoleol                                      |               | rancompance                             |   |                     |  |  |  |
| 2            | EQ.        | Injury Severity NO APPARENT INJURY                 |               | Airbag                                  |   |                     |  |  |  |
|              |            | Ejection Path                                      |               |   |   | Trapped/Extricated  |  |  |  |
|              |            | Méadina Transport                                  |               |   |   | EMS Due #           |  |  |  |
|              |            |  |               | EMER Agonous Idontifies                 |   | EMC D               |  |  |  |
|              |            | Medical Transport NOT TRANSPORTED                  |               | EMS Agency Identifier                   |   | EMS Run#            |  |  |  |

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|      |              | Distracted By Source                | e                        |                                 |                   |  |                |
|------|--------------|-------------------------------------|--------------------------|---------------------------------|-------------------|--|----------------|
|      |              | Distracted By Action                |                          |                                 |                   |  |                |
|      |              | Non Motorist Striking Unit#         | Location                 |                                 |                   |  |                |
|      |              | Prior Action                        |                          |                                 |                   |  |                |
|      |              | Action                              |                          |                                 |                   |  |                |
| ,    | DAL          |                                     |                          |                                 |                   |  |                |
| UNIT | INDIVIDUAL   |                                     |                          |                                 |                   |  |                |
|      | 2            |                                     |                          |                                 |                   |  |                |
|      |              |                                     |                          |                                 |                   |  |                |
|      |              | Action Other                        |                          |                                 |                   |  | To/From School |
|      | I            | Drug & Alcohol Suspected Alcohol NO | Suspected Drug Use<br>NO |                                 |                   |  |                |
|      |              | Alcohol Test Given TEST NOT GIVEN   | Alcohol Test Type        | coholTestType AlcoholTestResult |                   |  |                |
|      |              | Drug Test Given TEST NOT GIVEN      | Drug Test Type           |                                 | Drug Test Results |  |                |
| 01   | 100          | Drug Type                           |                          |                                 |                   |  |                |
|      | _            |                                     |                          |                                 |                   |  |                |
|      |              | Individual Condition                |                          |                                 |                   |  |                |
|      |              | APPEARED NORMAL                     |                          |                                 |                   |  |                |
|      | walaninalii% |                                     |                          |                                 |                   |  |                |