

6TL0B655VM
23-00157

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0B655VM

| | | | | | | | |
|--|--------------------------------------|---|------------------------------------|----------------------------------|---|--|--------------------|
| Document Number Override | | Primary Crash Document# | | Agency Crash Number 23-00157 | | Investigating Officer/Deputy DEPUTY W. NEUBAUER | |
| Crash Date 01/05/2023 | | Crash Time 08:23 AM | | Date Arrived 01/05/2023 | | Time Arrived 08:30 AM | |
| Date Notified 01/05/2023 | | Time Notified 08:28 AM | | 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 type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Description

| | |
|----------------|--------------------------------|
| <p>Diagram</p> | 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.

UNIT 1 WAS TRAVELING S/B ON STH 136. UNIT 1 LOST CONTROL ON S CURVES AND RAN OFF ROADWAY TO THE RIGHT. UNIT 1 ENTERED WEST DITCH LINE AND CAME TO REST

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Location

| | | |
|--|------------------------------|----------------------------|
| ON RIVER ST/ STH136 EB 0.26 MI N OF OAK ST IN THE VILLAGE OF ROCK SPRINGS IN SAUK COUNTY | Latitude 43.485089152 | Longitude -89.917726327 |
| | X Coordinate 264054.78125 | Y Coordinate 4818821.5 |
| | Structure Type | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event DITCH | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAYLIGHT | |
| Road Surface Condition(s) WET, SNOW, SLUSH | Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| 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 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 45 | Total Lanes 2 |
| | Most Harmful Event: Collision With DITCH | 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 LEFT | Road Grade LEVEL | | |
| | Truck Bus or HazMat NO | | | | |

Vehicle

| | | | | | |
|-------------|----------------|---|---|---------------------|---|
| UNIT | VEHICLE | License Plate Number ANY6279 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1GKET63M882186759 | Make GENERAL MOTORS COR | Year 2008 | Model ENVOY |
| | | Color BLK - BLACK | Body Style UT - SPORT UTILITY VEHICLE | Bus Use | |
| | | Initial Contact Point 00 - NON-COLLISION | Vehicle Damage 00 - NO DAMAGE | | |
| | | Extent Of Damage NO DAMAGE | | | |

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| | | | | |
|---|---|--|--|----------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 | Owner Name MICHAEL C PAGEL (608) 643-8565 | | Owner Address 424 W BROADWAY ROCK SPRINGS, WI 53961 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event RUN OFF ROADWAY RIGHT | | | |
| | Event DITCH | | | |
| | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT) | | Individual MICHAEL PAGEL | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver ELIZABETH SUSAN PAGEL (608) 643-8565 | | Citations Issued 0 | Sex FEMALE |
| | Address 424 W BROADWAY ROCK SPRINGS, WI 53961 , US | | Date of Birth [REDACTED] | Race WHITE |
| | Driver License Number [REDACTED] | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position SHOULDER & LAP BELT | |
| | Helmet Use | | Safety Equipment | |
| | Eye Protection | | Helmet Compliance | |
| | Injury NO APPARENT INJURY | | Airbag NON DEPLOYED | |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | |
| | Trapped/Extricated NOT TRAPPED | | Medical Transport NOT TRANSPORTED | |
| Hospital | | EMS Agency Identifier | | |
| Date of Death | | EMS Run # | | |
| Time of Death | | Hospital | | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

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|---|--|-----------------------------|--------------------------|----------------------|
| UNIT INDIVIDUAL 01 001 | Non Motorist | Striking Unit # | Location | |
| | Prior Action | | | |
| | 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 APPEARED NORMAL | | | |