WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | ent# Agency 23-018 | Crash Number 147 | DEPUTY Z. | Officer/Deputy DRILL | | |
|---|-------------------------|--|------------------|-------------------------------|---------------------|--|
| Crash Date Crash Time 02/21/2023 09:30 PM | | Date Arrived 02/21/2023 Total Units 01 | | Time Arrived 09:52 PM | | |
| Crash Date | | | | Total Kille | led | |
| On Emergency Hit and Run | ane Closure | ☐ Work Zone | Traîler | or Towed | Reporting Threshold | |
| Government Active School 2 | Zone School | Bus Related | Tags | | | |
| Crash Type □ Reportable □ Crash Type □ DT4000 (STANDAR | RD CRASH) | | Amendo | ed | Secondary Crash | |
| Description | | | | | | |
| Diagram | | | | Reconstruction | n By | |
| NOT TO SCALE | v<1 | HOF | | | | |
| | 5 | 7 - | | Photos By DEPUTY DR | RILL | |
| | | | | | | |
| | | | | Additional Info PHOTOS | rmation | |
| COUNTY RD A | | | | | | |
| STOP | | | | | | |
| RINGL | ING RD | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | *********************** | | | | | |
| unit 1 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| I, a sworn law enforcement officer, agree tha | | | |) IINIIT ONIT I | OCT TRACTION BUT TO | |
| WHILE TRAVELING SOUTH ON COUNTY RD A, DRIVE OF LICE AND SNOW AND VEHICLE SLID INTO DITCH. NO IMPA | | DALEFIHANDIURN | UNTO KINGLING KI | J. UNII ONE L | UST TRACTION DUE TO | |

Crash Date 02/21/2023
Crash Time 09:30 PM

Location ON CTHASB

46 FT E

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Latitude

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Longitude

| UNIT 01 | ASG5700 Vehicle Identification Numl 1J8GR48K47C505185 Color BLK - BLACK Initial Contact Point 00 - NON-COLLISION Extent Of Damage MINOR DAMAGE | /ehicle Identification Number J38GR48K47C505185 Color 3LK - BLACK nitial Contact Point 10 - NON-COLLISION | | Make JEEP Body Style LL - CARRYALL Vehicle Damage 12 - FRONT | | Year 2007 | ear Model | | 7 8 9 10 H 6 12 |
|---------|--|--|--|---|---|-----------|--|--------|--------------------|
| | \$##\$#\$\$\$## | | Plate Type | Plate Type St AUT - AUTOMOBILE WI | | | Country of Issuance | | |
| | Truck Bus or HazMat NO | | • | | | | | | |
| | Surface Type BLACKTOP (BITUMINOUS) | r | | Road Curvature STRAIGHT | | | Road Grade LEVEL | | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | | Traffic Control NO CONTROL | | | Traffic Control Inoperative/Missing NO | | |
| LINO. | Most Harmful Event: Collision With DITCH | | SpecialFun | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | Insurance? | Direction Of Travel SOUTHBOUND | i te Clasiffie | | Speed Lim | nit | 0 Total Lan | es | |
| 5 | (SPORT) UTILITY VEHICLE Total Occs | | | tions Issued | aed Total Trail | | ailers Total HazMat Types | | |
| | IN TRANSIT Vehicle Type | | | | AUTOMOBILE Operating As Endorsements | | | | |
| | Unit Summary Unit Status | | Vehicle Ope | erating As Cla | assification | | Unit Type | | |
| | | lunction Location NON-JUNCTION | | NOT AN I | | CTION | | | |
| | TribalLand | | | | NO SPECIAL JURISDICTION Access Control NO CONTROL | | Special Study | | |
| | Crash Classification - Location PUBLIC PROPERTY | | | I | TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction | | | | |
| | SNOW Animal Type | | | | Relation To Trafficway | | | | |
| | Weather Condition(s) | | | | NONE | | | | |
| | Environment Factor(s) WEATHER CONDITIONS | | | | | | | | |
| | Road Surface Condition(s) WET, SNOW, SLUSH, ICE | | | | Roadway Factor(s) | | | | |
| | 00 - NO COLLISION W/VEH | ICLE IN TRANSPORT | | | DARK/UI | NLIT | | | |
| | First Harmful Event DITCH Manner of Collision | | | | First Harm ROADSII Light Cond | | cation | | |
| | Crash Scene | | | | | | | | |
| | IN SAUK COUNTY | | | | Structure NO STRI | Гуре | | 402930 | 1.3 |
| | 46 FT E OF RINGLING RD IN THE TOWN OF DELTON | | 43.589245789 X Coordinate 278616.15625 | | ate | | -89.742386421 Y Coordinate 4829907.5 | | |

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| | | Towed Due To Damage | | Vehicle Removed By | | | | | |
|------|---------------|---|----------------------------|---|---------------------|--------------------|--|--|--|
| | | TOWED BUT NOT DUE TO DISABLING DAMAG | | PLATTS WRECKER | | | | | |
| | | What Driver Was Doing LEFT TURN | | Vehicle Factors | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | |
| | | Diver Flior Action Care | | | | | | | |
| | | Driver Actions | | l | | | | | |
| | щ | NO CONTRIBUTING ACTION | ON | | | | | | |
| ╘ | ಠ | | | | | | | | |
| N | VEHICLE | | | | | | | | |
| | 3 | | | | | | | | |
| | | | | | | | | | |
| | | OwnerName ROBERT JAMES MCCLYN | 1AN | Owner Address 331 BOWMAN RI | n | | | | |
| 2 | 5 | (608) 963-4095 | iAN . | | .LS, WI 53965 , U | s | | | |
| _ | | , , | | | | | | | |
| | | | | | | | | | |
| | | Sequenceson Exemes. Event | | | | | | | |
| | 5 | MOTOR VEH IN TRANSPO | PRT | | | | | | |
| | 2 | Event LEFT TURN | | | | | | | |
| | 80 | Event DITCH | | | | | | | |
| | | Event | | | | | | | |
| | 3 | E rotte | | | | | | | |
| _ | Policy Holder | | | | | | | | |
| N | | Insurance Company | | Individu al | | | | | |
| _ | | AMERICAN-FAMILY-INS-C | ROBERT MCCLYMAN | | | | | | |
| | | ndividual | | | | | | | |
| | | Driver ROBERT JAMES MCCLYMAN (608) 963-4095 | | Citations Issued Sex | | | | | |
| | 4 | | | 0 | MALE | | | | |
| | INDIVIDUAL | ,, | | Date of Birth | Race WHITE | | | | |
| ENS. | | Address | Driver License Number | | | | | | |
| 5 | ā | 331 BOWMAN RD | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | WISCONSIN DELLS, WI 53 | 1965 , US | | | | | | |
| | | | | | | | | | |
| | es. | On Duty ety Equipment | Crash | Safety Equipment | | | | | |
| | | | - CLICKII DED O LAF | | | | | | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAF | BELI | | | | |
| | | HelmetUse | 07 - LEF1 | Helmet Compliance | | | | | |
| | | Helicitos | | 1 teamer conspinance | | | | | |
| | | Eye Protection | | TintCompliance | | | | | |
| | | | | | | | | | |
| 2 | 8 | Injury Se | verity | Airbag | | | | | |
| | 0 | Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AP Medical Transport | | NON DEPLOYED | | | | | |
| | | | | ODE LOADE E | | Trapped/Extricated | | | |
| | | | | | | NOT TRAPPED | | | |
| | | NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run# | | | |
| | | Hospital | | Date of Death | Death Time of Death | | | | |
| | \$115,571 | l ' | | 1 | | 1 | | | |
| | | | | 1 | | | | | |
| | | Distracte | d By Source | | | 1 | | | |
| | | Distracted By Distracted By Distracted By Action | d By Source | | | 1 | | | |

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| | Non Motorist Striking Unit# | Location | | | | |
|---------|---------------------------------------|-------------------|--------------------------|-------------------|----------------------|----------------|
| | Prior Action | | | | | |
| UNIT | Action | | | | | |
| | Action Other | | | | | To/From School |
| | Drug & Alcohol NO | cohol Use | Suspected Drug Use NO | | | |
| | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | e | | Alcohol Test Results | |
| | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | 3 | |
| 90 P | Drug Type | · | | | | |
| | Individual Condition APPEARED NORMAL | | | | | |