

6TL0CX0QBS
23-02689

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		Primary Crash Document #	Agency Crash Number 23-02689	Investigating Officer/Deputy DEPUTY K. MCCARTY	
Crash Date 03/18/2023		Crash Time 07:00 PM	Date Arrived 03/18/2023	Time Arrived 07:07 PM	
Date Notified 03/18/2023		Time Notified 07:02 PM	Total Units 01	Total Injured 01	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 checked="" 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 MCCARTY 9130
	Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING WB ON MERCER RD NEAR PECK RD. DRIVER STATED DUE TO GLARE HE DID NOT SEE ROAD CLOSED SIGNS. ROAD CLOSED SIGNS WERE ONLY COVERING THE EB LANE AND NOT FULLY ACROSS RDWY. DRIVER STATED HE CONTIUNED WB ON MERCER RD AND WAS UNABLE TO SEE DIRT MOUND USED AS A FARM EQUIPMENT CROSSING. DIRT MOUND WAS APPROX 1-2 FT TALL. UNIT 1 STRUCK DIRT MOUND GOING APPROX 45 MPH. UNIT 1 MADE IT OVER THE MOUND AND CAME TO A REST ON THE WEST SIDE OF MOUND. AIR BAGS DEPLOYED AND DRIVER SUSTAINED MINOR INJURIES. UNIT 1 SUSTAINED DISABLING DAMAGE AND WAS LATER TOWED BY WENGERS TOWING. DRIVER TRANSPORTED BY FAMILY TO HOSPITAL.

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Location

Table with location details: ON MERCER RD 1212 FT E OF PORTER RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY. Includes Latitude (43.206188641), Longitude (-90.168127996), X Coordinate (242627.84375), Y Coordinate (4788586), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (OTHER FIXED OBJECT), Manner of Collision (00 - NO COLLISION W/VEHICLE IN TRANSPORT), Road Surface Condition (DRY), Environment Factor (GLARE), Weather Condition (CLEAR), Animal Type, Crash Classification (PUBLIC PROPERTY), and Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type ((SPORT) UTILITY VEHICLE), Total Occs (1), Direction Of Travel (WESTBOUND), Most Harmful Event (OTHER FIXED OBJECT), and Surface Type (BLACKTOP (BITUMINOUS)).

Table with vehicle details: License Plate Number (433XJN), Vehicle Identification Number (1GKKNSLS1HZ138385), Color (GRY - GRAY), Initial Contact Point (12 - FRONT), and Extent Of Damage (DISABLING DAMAGE). Includes a VIN decoder graphic.

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By WEGNERS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name RONALD EICHORST (608) 583-2250		Owner Address E2586 BRACE RD LONE ROCK, WI 53556 , US		
Sequence Of Events					
UNIT VEHICLE	01	Event OTHER FIXED OBJECT			
	02	Event			
	03	Event			
	04	Event			
Policy Holder					
UNIT INDIVIDUAL	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual RONALD EICHORST		
	Individual				
UNIT INDIVIDUAL	Driver RONALD EICHORST (608) 583-2250		Citations Issued 0	Sex MALE	
	Address E2586 BRACE RD LONE ROCK, WI 53556 , US		Date of Birth	Race WHITE	
On Duty Crash		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment					
UNIT INDIVIDUAL	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	01 001	Injury Injury Severity SUSPECTED MINOR INJURY		Airbag DEPLOYED-FRONT	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport OTHER		EMS Agency Identifier		EMS Run #	
Hospital RICHLAND HOSP		Date of Death		Time of Death	
Distracted By		Distracted By Source UNKNOWN			
Distracted By Action UNKNOWN					

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	01	001	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			