

6TL0CX0QBZ  
23-05150

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 <b>23-5150</b>	Investigating Officer/Deputy <b>DEPUTY K. MCCARTY</b>	
Crash Date <b>05/22/2023</b>		Crash Time <b>06:14 PM</b>	Date Arrived <b>05/22/2023</b>	Time Arrived <b>06:29 PM</b>	
Date Notified <b>05/22/2023</b>		Time Notified <b>06:16 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>MCCARTY 9130</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS TRAVELING WB ON N GASSER RD APPROACHING ITS INTERSECTION WITH ISHNALA RD. DRIVER OF UNIT 1 STATED HE WAS EATING TACO BELL WHILE DRIVING AND STARTED TO CHOKE ON FOOD. DRIVER MOMENTARILY LOOKED AWAY FROM ROADWAY TO COUGH UP FOOD AND STARTED TO CROSS CENTERLINE. DRIVER ALSO REPORTED HAVING GLARE FROM THE SUN. UNIT 1 THEN COMPLETELY CROSSED CENTERLINE, ENTERED DITCH, DROVE OVER 35 MPH SPEED SIGN, DROVE UP SMALL BERM AND STRUCK A TREE AND A PORTION OF BARBED WIRE FENCE, COMING TO A REST. DRIVER REPORTED LIGHT CHEST PAIN FROM AIRBAGS. DRIVER CHECKED OUT BY EMS AND LATER DENIED TRANSPORT. VEHICLE LATER SUSTAINED DISABLING DAMAGE TO THE FRONT END AND WAS TOWED BY PLATTS TOWING. WHILE SPEAKING WITH DRIVER, HE REPORTED HAVING TWO MIXED DRINKS PRIOR TO DRIVING, WITH A TOTAL OF APPROX 2 OZ OF LIQUOR. SFST CONDUCTED WITH DRIVER BUT INSUFFICIENT CLUES OF IMPAIRMENT WERE OBSERVED. PBT OF 0.07. DRIVER WAS ISSUED AND EXPLAINED CITE'S FOR LOC AND ID.

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## Location

ON GASSER RD 434 FT E OF ISHNALA RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.575882083</b>	Longitude <b>-89.795650182</b>
	X Coordinate <b>274266.1875</b>	Y Coordinate <b>4828566.5</b>
	Structure Type	

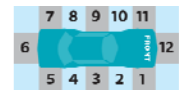
## Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>GLARE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>35</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>TREE</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>KH7924</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTEX1EP1GFC08862</b>	Make <b>FORD</b>	Year <b>2016</b>	Model <b>F150</b>
	<b>VEHICLE</b>	Color <b>BLU - BLUE</b>		Body Style <b>PK - PICKUP</b>	Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>					



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>PLATTS WRECKER</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	Owner Name <b>SHAWN OHAVER (608) 566-4696</b>		Owner Address <b>914 WASHINGTON AVE WISCONSIN DELLS, WI 53965 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>CROSS CENTERLINE</b>		
	02	Event <b>DITCH</b>		
	03	Event <b>TREE</b>		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>LIBERTY-MUTUAL-INS-CO</b>		Individual <b>SHAWN OHAVER</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>SHAWN OHAVER (608) 566-4696</b>		Citations Issued <b>2</b>	Sex <b>MALE</b>
	Address <b>914 WASHINGTON AVE WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)</b>		
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>				

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<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other					
	To/From School					
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
<b>01</b>	<b>Violations</b>					
	<b>01</b>	UTC Number <b>BG022873</b>	Issue To? <b>001</b>	Statute Number <b>346.05(1)</b>	Description <b>OPERATING LEFT OF CENTER</b>	
	<b>02</b>	UTC Number <b>BG022874</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>	