WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	de Primary Crash		ency Crash Number -09615		g Officer/Deputy IT E. KNULL	
Crash Date 09/02/2023	Crash Time 04:14 PM		te Arrived /02/2023	Time Arrive 04:29 PM	d	
Date Notified 09/02/2023	Time Notified 04:14 PM	To 01	tal Units	Total Injured	Total Kille	ed
On Emergency	Hit and Run	Lane Closure	☐ Work Zone	Traile	or Towed	Reporting Threshold
Government Property		chool Zone Sc	hool Bus Related)	Tags		
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASH)		Amend	ded	Secondary Crash
Diagram					Reconstructio	_
СТНК			NOT TO S	CALE	Photos By DEPUTY MI	

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Crash Time 04:14 PM

I٥	cation								
	N CTHK NB				Latitude			Longi	tude
78	783 FT S				43.623801554			_	85384509
	OF WOEFL RD IN THE TOWN OF WINFIELD IN SAUK COUNTY					X Coordinate 259136.90625		Y Coordinate 4834422	
"	CACK COOK!!	Structure	Туре						
					NO STR	UCTURE			
Cr	ash Scene								
Fir	st Harmful Event				First Harm	nful Event Lo	ocation		
	TCH			SHOULDER RIGHT Light Condition DAYLIGHT Roadway Factor(s)			Т		
	anner of Collision	EHICLE IN TRANSPORT							
	oad Surface Condition(s)	ENICLE IN TRANSPORT							
	RY				Noadway	r actor(s)			
En	vironment Factor(s)				-				
	ONE				NONE				
We	eather Condition(s)				\dashv				
CI	LEAR								
An	imal Type			Relation To Trafficway TRAFFICWAY - NOT ON ROAD					
							.D		
	Crash Classification - Location				Crash Classification - Jurisdiction				
	JBLIC PROPERTY ibal Land						ISDICTION		10 :10:1
'''	pai Land				NO CON				Special Study
Wi	thin Interchange Area	Junction Location		Intersecti					•
N	0	NON-JUNCTION		NOT AN	INTERSE	CTION			
	nit Summary 💻								
1	nit Status		•	_	Classification	l	Unit Type		
	T AND RUN hicle Type	D CLASS	DCLASS			AUTOMOBILE Operating As Endorsements		aomonto	
'	ASSENGER CAR						Operating A	S LIIGOIS	sements
To 1	tal Occs	Train/Bus # Recorded	Total # Cita	itions Issue	d	Total Trail 0	ers	Total H	azMat Types
	surance?	Direction Of Travel		O	_	Speed Lin	nit	Total La	anes
		✓ Pre	Pre CrashTire Mark		55		2		
Mo	ost Harmful Event: Collision	Special Fur	Special Function			Emergency Motor Vehicle Use		ehicle Use	
115	REE	NO SPEC	NO SPECIAL FUNCTION			NOT APPLICABLE			
	affic Way		Traffic Con					rol Inope	rative/Missing
	VO-WAY, NOT DIVIDED	NO CONTROL		NO Road Grade		_			
	irface Type LACKTOP (BITUMINOU		Road Curvature CURVE LEFT			UPHILL			
	uck Bus or HazMat	·~,	CONVEL				OI THEL		
NO									
	Vehicle								
	License Plate Number		Plate Type			St	Country of Is		
	AGW7957				WI Year	UNITED STATES Model			
2	Vehicle Identification Nu JF1SG69637H72691				Year 2007	FORESTER			
J	Color		Body Style Bus Use						
	BLK - BLACK	UT - SPORT UTILITY VEHICLE							
щ	Initial Contact Point	Vehicle Da	Vehicle Damage					7 0 0 10 11	
<u> </u>	00 - NON-COLLISIO					7 8 9 10 11			
EHICL	00 - NON-COLLISION Extent Of Damage DISABILING DAMAGE			AREAS					5 4 3 2 1
_	U DISABLING DAMAGE						5 4 3 2 1		

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		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLING	G DAMAGE	STEVES AUTO SERV	CE				
		What Driver Was Doing		Vehicle Factors					
		NEGOTIATING CURVE		NOT APPLICABLE					
		Driver Prior Action Other		NOT AFFLICABLE					
		Driver Actions							
.	쁘	FAILURE TO CONTROL							
L NO	PAILURE TO CONTROL U H H H H H H H H H H H H								
5	ᇤ								
	>								
		Owner Name		Owner Address					
5	10	COREY DOSKOCIL (608) 235-6507		E8912A BRIAR BLUFF RD REEDSBURG, WI 53959 , US					
0	0	(000) 233-0307		KLLDSBOKG, WI	33339 , 03				
		Sequence Of Events							
	01	Event DITCH							
		Event							
	02	TREE							
	03	Event FIRE/EXPLOSION							
	04	Event							
		Individual							
		Driver COREY DOSKOCIL		Citations Issued 3	Sex MALE				
	AL	(608) 235-6507		Date of Birth	Race				
_	INDIVIDUAL			Date of Birtin	WHITE				
EN	Ξ	Address		Driver License Number					
٦		E8912A BRIAR BLUFF RD REEDSBURG, WI 53959 , U	ıs	STATE: WISCONSIN COUNTRY: UNITED STATES					
	_	REEDOBORO, WI 00000 , 0							
		On Duty C	rash	Safety Equipment					
	Saf	ety Equipment							
		Row Seat Position		RESTRAINT USE UNKNOWN					
		01 - FRONT ROW	07 - LEFT	III. IO F					
		Helmet Use		Helmet Compliance					
		Eye Protection	Tint Compliance						
_	Ξ,	Injury Seve	erity	Airbag					
6	90		ARENT INJURY jection Path	NOT APPLICABLE					
			ICARI E		Trapped/Extricated NOT APPLICABLE				
		NOT APPLICABLE NOT EJECTED/NOT APPLI Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
	Distracted By Source								
		Distracted By Action							
		,							
		Non Motorist	it# Location						

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		Prior Action							
LIND	INDIVIDUAL	Action							
		Action Other						To/From School	
	1	Drug & Alcohol	Suspected Alco	phol Use	Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	ype Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Type Drug Test Res				
10	001	Drug Type							
		Individual Condition							
		NOT OBSERVED							
	•	Violations							
	01	UTC Number BK261903	Issue To? 001	Statute Number 343.44(1)(b)	Description OPERATING WHILE	REVOKED (RE	/ DUE TO ALC/CO	NT SUBST/REFUSAL)	
	02	UTC Number BK261905	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP				
	03	UTC Number BK261906	Issue To? 001	Statute Number 346.70(1)	Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT				
Witness Witness									
WITN 01 ESS 01	RYL	idual LEI DAHMEN B) 440-0830			Address E7568 CTH PF PLAIN, WI 53577 , US	5		Date of Birth	