

6TL0D0GSLN

Document Number Override		Primary Crash Document #		Agency Crash Number <b>SC23-10137</b>		Investigating Officer/Deputy <b>DEPUTY G. AKERS</b>	
Crash Date <b>09/15/2023</b>		Crash Time <b>06:36 PM</b>		Date Arrived <b>09/15/2023</b>		Time Arrived <b>06:36 PM</b>	
Date Notified <b>09/15/2023</b>		Time Notified <b>06:36 PM</b>		Total Units <b>01</b>		Total Injured <b>01</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**

Diagram		Reconstruction By	
		Photos By <b>GA</b>	
		Additional Information <b>PHOTOS</b>	

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

V1 WAS TRAVELING WESTBOUND ON HWY 14 AT PORTER RD. V1 SWERVED RIGHT TO AVOID COLLISION WITH A VEHICLE STOPPED TO TURN LEFT. V1 STRUCK A CURB, THEN WENT INTO THE DITCH ROLLING OVER. D1 ADMITTED TO LOOKING AT PHONE PRIOR TO CRASH. NO INJURIES AND THE VEHICLE WAS TOWED. D1 CITED.

**Location**

ON USH14 WB 104 FT W OF PORTER RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.191039014</b>	Longitude <b>-90.173388739</b>
	X Coordinate <b>242136.59375</b>	Y Coordinate <b>4786920</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

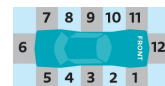
First Harmful Event <b>CURB</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <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>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

**Unit Summary**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</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>				

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>986YUE</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1G1ND52F65M113887</b>	Make <b>CHEVROLET</b>	Year <b>2005</b>	Model <b>CLASSIC</b>	
		Color <b>TAN - TAN</b>	Body Style <b>4D - 4DR</b>		Bus Use	
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage			
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>15 - ALL AREAS</b>			



UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>NACHREINER</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>OTHER CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>THOMAS COLEMAN</b>		Owner Address <b>24337 PIER SPRINGS RD RICHLAND CENTER, WI 53581 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>CURB</b>			
		Event <b>DITCH</b>			
		Event <b>OVERTURN/ROLLOVER</b>			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>CALEB COLEMAN</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>CALEB COLEMAN (715) 299-6105</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>	
		Address <b>606 W STATE ST # 8 HARTFORD, WI 53027 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
UNIT	01	<b>Safety Equipment</b>			
		On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>
01	001	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>HAND-HELD MOBILE PHONE</b>			
		Distracted By Action <b>MANUALLY OPERATING(TEXTING,DIALING,PLAYING GAME ETC)</b>			

UNIT	INDIVIDUAL	<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>					
	01	001	<b>Violations</b>			
UTC Number <b>BG945175</b>			Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>	