

6TL0CR2KT4

Document Number Override		Primary Crash Document #		Agency Crash Number SC23-11946		Investigating Officer/Deputy DEPUTY Z. DRILL	
Crash Date 11/03/2023		Crash Time 08:30 PM		Date Arrived 11/03/2023		Time Arrived 09:21 PM	
Date Notified 11/03/2023		Time Notified 09:00 PM		Total Units 01		Total Injured 00	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 type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By	
		Photos By DEPUTY DRILL	
		Additional Information NONE, PHOTOS	

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

WHITE TRAVELING NORTH/WEST ON HWY 23, THE DRIVER OF UNIT 1 STATED THAT HE FELL ASLEEP AND ENTERED THE DITCH ON THE WEST SIDE OF THE HIGHWAY. UNIT 1 STRUCK THE MAILBOX BELONGING TO S9149 HWY 23. FRONT LICENSE PLATE FOR UNIT 1 WAS LEFT WITH THE DESTROYED MAILBOX. UNIT ONE THEN REENTERED THE ROADWAY AND CONTINUED TO S6446 COUNTY RD D IN LOGANVILLE. DRIVER OF UNIT 1 WAS UNAWARE THAT HE HAD STRUCK A MAILBOX DUE TO FALLING ASLEEP WHILE DRIVING IN BETWEEN JOBS. DRIVER OF UNIT 1 WAS CITED FOR INATTENTIVE DRIVING IN REGARDS TO THIS INCIDENT, FRONT LICENSE PLATE WAS RETURNED, AND DRIVER AGREED TO AN EXCHANGE OF INFORMATION SO DAMAGED MAIL BOX COULD BE FIXED. PROPERTY OWNER VALUED MAIL BOX AND POST TO BE SOMEWHERE IN THE AREA OF \$300-\$400. THIS ENDED MY INVOLVEMENT IN THIS INCIDENT AT THIS TIME.

Location

ON S9149 STH23 WB 0.34 MI S OF LELAND RD (OTHER S9149) IN THE TOWN OF FRANKLIN IN SAUK COUNTY	Latitude 43.313926835	Longitude -90.048481519
	X Coordinate 252784.984375	Y Coordinate 4800190.5
	Structure Type OTHER	

Crash Scene

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

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With OTHER POST, POLE OR SUPPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

VEHICLE	License Plate Number PG9305	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3GCUKREC1EG508628	Make CHEVROLET	Year 2014	Model SILVERADO
	Color RED - RED	Body Style PK - PICKUP		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12 - FRONT		



UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions OTHER CONTRIBUTING ACTION				
01	01	Owner Name GABRIEL VERTHEIN (608) 415-3386		Owner Address S6446 COUNTY ROAD D LOGANVILLE, WI 53943 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event DITCH			
		Event OTHER POST, POLE OR SUPPORT			
		Event			
UNIT	01	Policy Holder			
		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual GABRIEL VERTHEIN		
UNIT	01	Individual			
		Driver CARSON O'DELL-VERTHEIN (608) 415-3386	Citations Issued 1	Sex MALE	
		Address S6446 COUNTY ROAD D LOGANVILLE, WI 53943 , US		Date of Birth	Race WHITE
		Driver License Number			
01	001	Safety Equipment		On Duty Crash	
				Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)					

UNIT	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	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 ASLEEP OR FATIGUED					
	Violations					
01	001	UTC Number	Issue To?	Statute Number	Description	
		BG020188	001	346.89(1)	INATTENTIVE DRIVING	
Property Owner						
PROP OWNER	01	Individual JUSTIN ANLIKER (608) 574-9898			Address S9149 STATE ROAD 23 PLAIN, WI 53577 , US	
		Fixed Objects Struck				
01	Striking Unit	Struck Object			Structure Number	Damage Tag Number
	01	MAILBOX				