

6TL0D1PTNV

Document Number Override		Primary Crash Document #		Agency Crash Number <b>SC23-12018</b>		Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>11/06/2023</b>		Crash Time <b>10:46 AM</b>		Date Arrived <b>11/06/2023</b>		Time Arrived <b>10:46 AM</b>	
Date Notified <b>11/06/2023</b>		Time Notified <b>10:46 AM</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 checked="" 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	
<p>Not to scale</p> <p>Witness</p> <p>Point of impact, bridge rail &amp; place of rest.</p> <p>EastBound lanes</p> <p>Westbound Lanes</p> <p>W. Pine Street</p> <p>Baraboo River</p> <p>deceased deer</p> <p>Locust Street</p>		<p>Photos By <b>DEP. S. MESSNER #9134</b></p> <p>Additional Information <b>PHOTOS</b></p>	

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

ON 11/6/2023, THERE WAS MULTIPLE REPORTS OF AN ERRATIC DRIVER, UNIT 1, A SILVER TOYOTA COROLLA BEARING NE # AKF167 WAS WESTBOUND ON 8TH STREET/AVENUE/ LINN STREET AND TURNED SOUTH ON W. PINE STREET. DEP. MESSNER, WITNESS, OPERATING A FULLY MARKED SQUAD CAR, ATTEMPTED TO CATCH UP TO A VEHICLE ON W. PINE. UNIT 1 TURNED LEFT FROM LOCUST STREET, AGAINST NO ENTRY SIGN, TURN RIGHT ONLY SIGN, AND ONE WAY TRAFFIC SIGN. UNIT 1 PROCEEDED SOUTHBOUND, IN THE CENTER LANE, IN THE NORTHBOUND LANES ON W. PINE STREET. DEP. MESSNER ACTIVATED HIS OVERHEAD LIGHTS, ATTEMPTING A TRAFFIC STOP OF UNIT 1. WHILE ON W. PINE STREET BRIDGE, OVER THE BARABOO RIVER, UNIT 1 TURNED LEFT, STRIKING THE BRIDGE RAIL HEAD ON. THERE WAS FULL BLOCKAGE. STEERING WHEEL AIRBAG WAS DEPLOYED. THE DRIVER COMPLAINED OF CHEST PAIN. THE DRIVER ADVISED HE HAD DIABETES AND WAS UNAWARE OF ANYTHING ELSE. DRIVER WAS REMOVED BY BARABOO AMBULANCE TO ST. CLARE HOSPITAL. THE SUGAR LEVEL OF THE DRIVER WAS 28. THE VEHICLE WAS REMOVED BY CRAIGS TOWING AND THE BRIDGE DID NOT SUSTAIN ANY DAMAGE. LATER, DEP. MESSNER WAS ADVISED BY MARLYN DONALDSON, THE WIFE OF DRIVER, THAT DONALD HAS DEMENTIA, DIABETES, HEART ISSUES AND CANCER. IT WAS DETERMINED THE CAUSE OF CRASH WAS DUE TO A MEDICAL EPISODE BY THE DRIVER.

**Location**

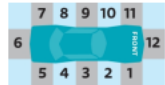
<b>ON STH136 EB 626 FT S OF STH136 EB IN THE TOWN OF BARABOO IN SAUK COUNTY</b>	Latitude <b>43.47023876</b>	Longitude <b>-89.768813768</b>
	X Coordinate <b>276042.40625</b>	Y Coordinate <b>4816760.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>BRIDGE RAIL</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>CLOUDY</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>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>11/06/2023</b>	Time Initial Lane/Rd Closed <b>10:46 AM</b>	<b>LAW ENFORCEMENT, FIRE/EMS, OTHER</b>	
Date All Lanes Open <b>11/06/2023</b>	Time All Lanes Open <b>11:31 AM</b>	Date Scene Cleared <b>11/06/2023</b>	Time Scene Cleared <b>11:31 AM</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>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>BRIDGE RAIL</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</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>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>Vehicle</b>					
	<b>01</b>	License Plate Number <b>AKF167</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>NE</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>5YFEPMAE4NP378645</b>		Make <b>TOYOTA</b>	Year <b>2022</b>	Model <b>COROLLA</b>		

UNIT VEHICLE	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4D - 4DR</b>	Bus Use	
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>			Vehicle Removed By <b>CRAIGS TOWING</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>			Vehicle Factors <b>NOT APPLICABLE</b>
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions <b>FAILURE TO CONTROL, WRONG SIDE OR WRONG WAY, OTHER CONTRIBUTING ACTION</b>			
	Owner Name <b>EAN HOLDINGS LLC</b>	Owner Address <b>7505 L ST RALSTON, NE 68127 1820, US</b>		
UNIT 01	<b>Sequence Of Events</b>			
	Event <b>BRIDGE RAIL</b>			
	Event			
	Event			
	Event			
UNIT 01	<b>Policy Holder</b>			
	Insurance Company <b>LIBERTY-MUTUAL-INS-CO</b>	Organization/Company <b>EAN HOLDINGS LLC</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>WILLIAM DONALDSON</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>S5847 DEVILS CROWN DR BARABOO, WI 53913 , US</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	
UNIT 001	<b>Injury</b> Injury Severity <b>POSSIBLE 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>EMS GROUND</b>	EMS Agency Identifier <b>6000368</b>	EMS Run # <b>231106</b>	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	Hospital ST CLARE HOSP		Date of Death	Time of Death	
	<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				To/From School
	<b>Drug &amp; Alcohol</b>		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	
01	001	Drug Type			
		Individual Condition ILL (SICK), FAINTED, CONFUSED OR DISORIENTED (NON LUCID)			

**Witness**

WITN 01 ESS	Individual S MESSNER (608) 355-4495		Address 1300 LANGE COURT BARABOO, WI 53913 , US	Date of Birth