

6TL09N3P4K  
18-00056

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL09N3P4K

Document Number Override		Primary Crash Document #		Agency Crash Number <b>18-00056</b>		Investigating Officer/Deputy <b>DEPUTY C. FRANK</b>	
Crash Date <b>01/02/2018</b>		Crash Time <b>12:04 PM</b>		Date Arrived <b>01/02/2018</b>		Time Arrived <b>12:29 PM</b>	
Date Notified <b>01/02/2018</b>		Time Notified <b>12:08 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> <p style="text-align: center;">Not to scale</p>	Reconstruction By
	Photos By <b>9198</b>
	Additional Information <b>PHOTOS</b>

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

ON THE ABOVE DATE AND TIME UNIT 1 WAS NB ON WOEFL RD. OPERATOR FORGOT SOMETHING AT RESIDENCE AND ATTEMPTED TO BACK UP. PASSENGER SIDE TIRE SLIDE OFF SHOULDER CAUSING UNIT 1 TO SLIDE INTO DITCH. UNIT 1 TIPPED ONTO PASSENGER SIDE WHERE IT CAME TO A REST AGAINST A TREE.

6TL09N3P4K  
18-00056

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

ON WOEFL RD 1.12 MI E OF CTHK SB IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude <b>43.635420523</b>	Longitude <b>-89.969039186</b>
	X Coordinate <b>260501.90625</b>	Y Coordinate <b>4835665</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW, SLUSH, ICE</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</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>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	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 # Injured	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>45</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>CURVE RIGHT</b>	Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>					

01 UNIT	<b>Vehicle</b>			
	License Plate Number <b>JL8170</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GCHK23648F159556</b>	Make <b>CHEVROLET</b>	Year <b>2008</b>	Model <b>NO DATA FO</b>
	Color <b>BLU - BLUE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>5--RIGHT REAR CORNER</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				

6TL09N3P4K

18-00056

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT	VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>			
		What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors			
		Driver Prior Action Other		<b>NOT APPLICABLE</b>			
		Driver Actions <b>SPEED TOO FAST/COND, UNSAFE BACKING, FAILURE TO CONTROL, RAN OFF ROADWAY</b>					
01	01	Driver Distractions <b>NOT DISTRACTED</b>					
		Owner Name <b>THOMAS DOROW (608) 963-7004</b>		Owner Address <b>S244 WOEFL RD LYNDON STATION, WI 53944 , US</b>			
<b>Sequence Of Events</b>							
UNIT	INDIVIDUAL	01	Event <b>DITCH</b>				
		02	Event <b>TREE</b>				
		03	Event				
		04	Event				
<b>Policy Holder</b>							
UNIT	INDIVIDUAL	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>THOMAS DOROW</b>			
		Driver <b>JOE DOROW (608) 963-7072</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
UNIT	INDIVIDUAL	Date of Birth		Race <b>WHITE</b>			
		Address <b>S244 WOEFL RD LYNDON STATION, WI 53944 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	001	<b>Equipment</b>		On Duty Crash			
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</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>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

6TL09N3P4K  
18-00056

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

UNIT INDIVIDUAL          01 001	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier		EMS Run #		
	Hospital	Date of Death		Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location		To/From School
	Action					
	Action Other					
	<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>					