

6TL0BC3B18  
18-00326

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number <b>18-00326</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>01/08/2018</b>		Crash Time <b>11:25 PM</b>	Date Arrived <b>01/08/2018</b>	Time Arrived <b>11:53 PM</b>	
Date Notified <b>01/08/2018</b>		Time Notified <b>11:33 PM</b>	Total Units <b>01</b>	Total Injured <b>02</b>	Total Killed <b>01</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 checked="" 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>Reconstruction By <b>SAUK COUNTY SHERIFF</b></p>
	<p>Photos By <b>W. VERTEIN #9122/ T. LOHR #9180</b></p>
	<p>Additional Information <b>CRIMINAL INCIDENT, ECM/EDR DOWNLOAD, FATAL CRASH SUPPLEMENT, MEASUREMENTS, PHOTOS, RECONSTRUCTION</b></p>

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING NORTHBOUND. WHILE TRAVELING NORTHBOUND, UNIT 1 CROSSED THE CENTER OF THE ROAD AND ENTERED THE WESTERNMOST DITCH LINE WHERE IT STRUCK A LARGE TREE ROOT ON THE EMBANKMENT. THIS CAUSED UNIT 1 TO SPIN COUNTER CLOCKWISE AND ROLL OVER ONE TIME IN THE ROADWAY. UNIT 1 CAME TO REST ON ITS WHEELS IN THE WESTERNMOST DITCH LINE FACING IN A WESTERLY DIRECTION.

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Location

ON THOMPSON RD 1045 FT N OF DUTCH HOLLOW RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude <b>43.596487685</b>	Longitude <b>-90.138104172</b>
	X Coordinate <b>246700.0625</b>	Y Coordinate <b>4831843</b>
	Structure Type	

Crash Scene

First Harmful Event <b>EMBANKMENT</b>	First Harmful Event Location <b>ROADSIDE</b>		
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>		
Road Surface Condition(s) <b>WET</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>01/08/2018</b>	Time Initial Lane/Rd Closed <b>11:46 PM</b>	<b>LAW ENFORCEMENT</b>	
Date All Lanes Open <b>01/09/2018</b>	Time All Lanes Open <b>05:22 AM</b>	Date Scene Cleared <b>01/09/2018</b>	Time Scene Cleared <b>05:22 AM</b>

Unit Summary

UNIT 01	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>3</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</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 LEFT</b>	Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>				
	<b>Vehicle</b>				
	License Plate Number <b>222LGP</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>JTDKB20U173233220</b>	Make <b>TOYOTA</b>	Year <b>2007</b>	Model <b>PRIUS</b>		

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UNIT	VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>ALL AREAS</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>SHIELDS TOWING</b>	
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE</b>		
		Driver Distractions <b>UNKNOWN IF DISTRACTED</b>		
		Owner Name <b>MATTHEW HESSELING</b>	Owner Address <b>645 PIONEER RD PLATTEVILLE, WI 53818 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	VEHICLE	01	01	Event <b>MOTOR VEH IN TRANSPORT</b>
		02	02	Event <b>RUN OFF ROADWAY LEFT</b>
		03	03	Event <b>EMBANKMENT</b>
		04	04	Event <b>OVERTURN/ROLLOVER</b>
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>MARK JOSETT</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>125 MAIN ST PO BOX 104 CAMP DOUGLAS, WI 54618 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>			
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		

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01	UNIT	INDIVIDUAL	001	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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>		
				Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>	EMS Run # <b>180057</b>		
				Hospital <b>REEDSBURG AREA MEDICAL CENTER</b>		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>YES</b>		Suspected Drug Use <b>YES</b>	
				Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>		Alcohol Test Results <b>PENDING</b>	
				Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>		Drug Test Results <b>PENDING</b>	
01	UNIT	INDIVIDUAL	001	Drug Type					
				Individual Condition <b>PHYSICALLY IMPAIRED, UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL, CONFUSED OR DISORIENTED (NON LUCID)</b>					
				<b>Individual</b>					
				Passenger <b>QUINTON JOSETT</b>			Citations Issued <b>0</b>		Sex <b>MALE</b>
				Address <b>814 ACADEMY ST ELROY, WI 53929 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
				Date of Birth			Race <b>WHITE</b>		
				<b>Equipment</b>		On Duty Crash		Safety Equipment	
				Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>SHOULDER &amp; LAP BELT</b>			
				Helmet Use		Helmet Compliance			
				Eye Protection		Tint Compliance			
01	UNIT	INDIVIDUAL	002	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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>		
				Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>	EMS Run # <b>180056</b>		

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UNIT	INDIVIDUAL	Hospital <b>REEDSBURG AREA MEDICAL CENTER</b>		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>						
		UNIT	INDIVIDUAL	<b>Individual</b>				
Passenger <b>MAKENZEE CARPENTER</b>				Citations Issued <b>0</b>		Sex <b>FEMALE</b>		
				Date of Birth		Race <b>WHITE</b>		
Address <b>202 S PINE ST REEDSBURG, WI 53959 , US</b>				Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
<b>Equipment</b>				On Duty Crash		Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>		
Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>				Helmet Compliance				
Helmet Use				Tint Compliance				
Eye Protection				Airbag <b>NON DEPLOYED</b>				
<b>Injury</b>				Injury Severity <b>FATAL INJURY</b>		Ejection Path <b>THROUGH SIDE WINDOW</b>		
Ejected <b>TOTALLY EJECTED</b>				Trapped/Extricated <b>NOT TRAPPED</b>		EMS Agency Identifier		
Medical Transport <b>NOT TRANSPORTED</b>			EMS Run #		Hospital			
			Date of Death <b>01/08/2018</b>		Time of Death <b>23:48</b>			
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location		To/From School		

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UNIT	INDIVIDUAL		
	Action		
	Action Other		
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use
	Alcohol Test Given <b>TEST GIVEN</b>	Alcohol Test Type <b>BLOOD</b>	Alcohol Test Results <b>PENDING</b>
	Drug Test Given <b>TEST GIVEN</b>	Drug Test Type <b>BLOOD</b>	Drug Test Results <b>PENDING</b>
	Drug Type		
01	003	Individual Condition	
		<b>NOT OBSERVED</b>	

**Property Owner**

PROP OWNER	01	Government <b>TOWNSHIP OF LAVALLE</b> (608) 985-7695	Address <b>218 COMMERCIAL ST</b> <b>PO BOX 30</b> <b>LAVALLE, WI 53941 , US</b>
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**Fixed Objects Struck**

01	Striking Unit <b>01</b>	Struck Object <b>EMBANKMENT</b>	Structure Number	Damage Tag Number <b>N/A</b>
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