6TL0B7D6PC

18-01309

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overri	de Primary Crash I	Primary Crash Document # Crash Time 03:23 AM Time Notified 03:26 AM		y Crash Number 309	Investigating Officer/Deputy DEPUTY A. SUKOWATEY			
Crash Date 02/05/2018				rrived /2018	Time Arrived 03:29 AM Total Injured 00 Total Killed		Killed	
Date Notified 02/05/2018				Jnits				
On Emergency	Hit and Run	Lane Closu		Work Zone		or Towed	Reporting Threshold	
Government Property		chool Zone	NO School	Bus Related	Tags			
Reportable Description	Crash Type DT4000 (STA	NDARD CRASH)		Amend	ed	Secondary Crash	
Unit 1	Fern Dell Road	Unit 1		Unit 1		Additional Inf	ormation	
I, a sworn law enformer of UNI	orcement officer, agre					/ DUE TO 3:::	OMA COMPITIONS	
ENTERING THE DITCH A		WEST ON I LIND	LLL N	WITENTIE SEID OF	THE ROADWA	DOL 10 311	OWI CONDITIONS	

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Location

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Crash Date 02/05/2018

Crash Time 03:23 AM

	1196 OF	FERN DELL RD (1) 6 FT N TURTLEVILLE RD HE TOWN OF DELTON	ı		Latitude 43.561133202 X Coordinate 271126.375			Longitude -89.833842283 Y Coordinate 4827033				
		AUK COUNTY	•		271126.375 Structure Type			4827033	3			
					Oli dotalo i	.,,,,						
		sh Scene										
		Harmful Event			First Harm							
	DITO						-OF-WAY (T	RAFFICWA	AY)			
		ner of Collision COLLISION W/VEHICLI	E IN TO ANSDODT		Light Cond							
		Surface Condition(s)	L IN TRANSPORT		Roadway F							
		OW, ICE			rioudway i	40101(0)						
	Fnvir	ronment Factor(s)										
		ATHER CONDITIONS			NONE							
	Wea	ther Condition(s)										
	CLC	DUDY										
	Anim	al Type			Relation T		•					
	0	h Olasaitiaatiaa II aastiaa						TRAFFICWAY - NOT ON ROAD				
		h Classification - Location BLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
		al Land			Access Control				Special Study			
					NO CONTROL			Oposio				
		J	Junction Location	Intersect								
	NO		NON-JUNCTION	NOT AI	N INTERSE	CTION						
		t Summary ===										
	I Init	Status	I Vehicle Operating As	hicle Operating As Classification Unit Type				1 =				
		DANCIT			Classification			DII E				
	IN T	RANSIT		D CLASS	Ciassilication		AUTOMO		nents			
5	IN T	RANSIT cle Type SSENGER VAN			Ciassination		AUTOMO	BILE As Endorsem	nents			
5	Vehic	cle Type	Train/Bus # Injured			Total Tra	AUTOMO Operating A					
5	Vehic	cle Type SENGER VAN	Train/Bus # Injured	D CLASS		Total Tra	AUTOMO Operating A	As Endorsem				
5	IN T Vehice PAS Total 1 Insur	cle Type SSENGER VAN Occs rance?	Direction Of Travel	Total # Citations Issue O Pre CrashTir	ed	0 Speed L	AUTOMO Operating A	Total HazN Total Lane	Mat Types			
	IN T Vehice PAS Total 1 Insur YES	cle Type SSENGER VAN Occs rance?	Direction Of Travel WESTBOUND	Total # Citations Issue 0 Pre CrashTir Mark	ed	0	AUTOMO Operating A	Total Hazh Total Lane	Mat Types			
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		Towed Due To Dama	age Γ DUE TO DISABLING DAMAG		Removed By ETTS TOWING				
	What Driver Was Doing				Factors				
	NEGOTIATING CURVE								
		Driver Prior Action Of	ther	NOT A	PPLICABLE				
		Driver Actions							
.	Щ	SPEED TOO FAST/COND							
LIND	VEHICL								
5	ΈH								
	>								
		Driver Distractions NOT DISTRACTE	D						
_	1								
2	01								
		Owner Name		Ow	/ner Address				
		MATTHEW ALLE	N THOMPSON		03 W BURBANK AVE				
				JA	NESVILLE, WI 53546 , US				
		Sequence Of E	vents						
	01	DITCH							
	02	Event TREE							
	03	Event							
	04	Event							
		Policy Holder							
LNO		Insurance Company		Indivi	idual				
⋾	PROGRESSIVE-CASUALTY-INS-CO			THEW THOMPSON					
	Ì	Individual							
		Driver			ions Issued	Sex			
	١٢	MATTHEW ALLE	N THOMPSON	0		MALE			
.	INDIVIDUA			Date	of Birth	Race WHITE			
LNO	VIC	Address		Drive	er License Number				
⊃	IDI	2503 W BURBANK AVE							
	Z JANESVILLE, WI 53546 , US			STA	TE: WISCONSIN COUNTRY: UN	NITED STATES			
			On Duty Crash	Safet	ty Equipment				
		Equipment			7 1-1				
		Seat Position		SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint 0	Compliance				
_	Ξ		Injury Severity	Airba	ag				
6	90	Injury	NO APPARENT INJURY		N DEPLOYED				
		Ejected			ion Path	Trapped/Extricated			
		NOT EJECTED		NOT	EJECTED/NOT APPLICABL	NOT TRAPPED			

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l		Medical Transport			EMS Agency Ident	fior	EMS Run #	
		NOT TRANSPO	DTED		LIVIO Agency Ident	ilei	LIVIO IXUII #	
			KIED					
	Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School
		Action						
	INDIVIDUAL							
—	\supset							
LINO	Ħ							
⊃	É							
	Z							
		Action Other						
			Suspected Alcohol U	Jse	Suspected Drug Us	se		
		Orug & Alcoho	D/ NO		NO			
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVE	EN					
					Drug Test Type		Drug Test Results	
		Drug Test Given TEST NOT GIVE	EN					
	_	Drug Type						
0	90	Diag Typo						
		Individual Condition	n					
			D.4.4.					
		APPEARED NO	RMAL					
	Dro	norty Owner						
		perty Owner			T			
10	WIS	ernment CONSIN DEPT C	F TRANSPORTATION	ON	Address 2101 WRIGHT ST			
	(608	3) 246-3800			MADISON, WI 53			
PROP OWNER	`	•			·	·		
	Fixe	ed Objects St	ruck					
		Striking Unit	Struck Object				Structure Number	Damage Tag Number
	2		TREE					