6TL0B4X4GT

18-01494

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document # | | | | DEPL | Investigating Officer/Deputy DEPUTY E. KNULL | | | |
|------------|---|----------------------------|-----------------|----------------------|--------------------|----------------------|---|------------------------------|------------------------|--|
| 5 | Crash Date 02/10/2018 | Crash Time 09:45 AM | | Date Ar 02/10/ | | _ | Time Arrived 09:52 AM | | | |
| X 4 | Date Notified 02/10/2018 | Time Notified 09:49 AM | | Total U 01 | nits | Total I 00 | njured | Total Kille 00 | ed | |
| 61L0B4X4G | | it and Run | | | | | Trailer or Towed | | Reporting Threshold | |
| | Government Property | Active Scl | nool Zone | School NO | Bus Related | Tags | | | | |
| | Reportable | Crash Type DT4000 (STAI | NDARD CRAS | 6H) | | | mended | | Secondary Crash | |
| | Description | | | | | | | | | |
| | | | | | | | Ph | iotos By | | |
| | Park Rd Douglas Rd Park Rd | | | | | | | lditional Info DNE | prmation | |
| | E3943 DOUGLAS RD | not to scal | e | | | | | | | |
| | ✓ I, a sworn law enforceme | ent officer, agre | e that I have r | not addec | l any CJIS data ii | n this report. | | | | |
| | OPERATOR OF UNIT TRAVELING TREES AND CAME TO REST FAI NO INSURANCE. VEHICLE REM | CING NORTHEAS | T. DRIVER NOT | T INJURED | D. DRIVER STATED | | | | | |
| | | | | | | | | | | |

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18-01494

2

UNIT

5

UNIT

щ

VEHICL

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | ation — | | | | | | | | (000) 000 1000 | |
|-------------------------------|---------------------------------|---------------------|-----------------------|--------------------------|---|-----------------|---------------------|--|----------------|--|
| | ation | | | | | | | [| | |
| ON DOUGLAS RD (2) | | | | | | Latitude | | | de | |
| 729 FT W OF COUGHLIN CT | | | | | | 43.5946884 | | | 845195 | |
| - | THE TOWN OF LA VA | X Coordinate | | | Y Coord | linate | | | | |
| | | | 248166.4375 4831587.5 | | | 37.5 | | | | |
| | | | | | Structure - | Гуре | | | | |
| | | | NO STR | JCTURE | | | | | | |
| Cro | ah Saana | | | | | | | | | |
| _ | sh Scene | | | | | | | | | |
| | Harmful Event | | | | First Harmful Event Location | | | | | |
| TRE | E | | | | SHOULDER RIGHT | | | | | |
| Man | ner of Collision | | | | Light Condition | | | | | |
| NO | COLLISION W/VEHIC | LE IN TRANSPORT | | | DAYLIGHT | | | | | |
| Road | d Surface Condition(s) | | | | Roadway Factor(s) | | | | | |
| SNO | wc | | | | | | | | | |
| | | | | | | | | | | |
| Envi | ronment Factor(s) | | | | | | | | | |
| WE | ATHER CONDITIONS | | | | NONE | | | | | |
| | | | | | | | | | | |
| Wea | ther Condition(s) | | | | | | | | | |
| CLE | AR | | | | | | | | | |
| Anim | nal Type | | | | Polotion T | o Troffiowo | ., | | | |
| | ытуре | | | | Relation To Trafficway TRAFFICWAY - NOT ON ROAD | | | | | |
| 0 | | | | | | | | | | |
| | h Classification - Location | 1 | | | Crash Classification - Jurisdiction | | | | | |
| | BLIC PROPERTY | | | | NO SPECIAL JURISDICTION | | | | | |
| Iriba | al Land | | | | | | | | Special Study | |
| | | | | | NO CONTROL | | | | | |
| With | in Interchange Area | n Type | | | | | | | | |
| NO | | NON-JUNCTION | | NOT AN | INTERSE | CTION | | | | |
| Uni | t Summary 🛛 💻 | | | | | | | | | |
| | Status | | Vehicle Ope | erating As Cl | assification | | Unit Type | | | |
| IN T | RANSIT | | D CLASS | - | AUTOMOBILE | | | BILE | | |
| | cle Type | | | | Operating As Endo | | | | ments | |
| | ORT) UTILITY VEHIC | IF | | | | | | | | |
| | | Train/Bus # Injured | Total # Cita | Total # Citations Issued | | Total Trailers | | Total HazMat Types | | |
| 101a | TOUUS | Train/Dus # Injureu | 1 | | 0 | | 0 | | iviat Types | |
| | | Direction Of Travel | | | | | - | | | |
| | rance? | | Pre | Pre CrashTire | | | nit | | | |
| NO | | WESTBOUND | | Mark | | 45 | | 2 | | |
| | t Harmful Event: Collision | With | Special Fun | ICTION | | | | ergency Motor Vehicle Use T APPLICABLE | | |
| TRE | | | | | | | | | | |
| | ic Way | | Traffic Cont | | Traffic Control Inoperative/Missing | | | tive/Missing | | |
| | D-WAY, NOT DIVIDED |) | NO CONT | ROL | NO | | | | | |
| Surfa | асе Туре | ture | Road Grade | | | | | | | |
| BLA | BLACKTOP (BITUMINOUS) STRAIGHT | | | | | DOWNHILL | | | | |
| Truck Bus or HazMat | | | | | | | | | | |
| NO | | | | | | | | | | |
| | Vehicle | | | | | | | | | |
| | License Plate Number Plate Type | | | | St | | Country of Issuance | | | |
| | | | | | | WI | UNITED STATES | | | |
| | | | Make | | | | | | | |
| Σ | - | | | | | Year | | | | |
| 0 | | | | | | 2003 GRAND CHER | | | | |
| | Color | | Body Style | | | | | | | |
| BLK - BLACK UT - SPORT UTILIT | | | | | TY VEHICLE NOT A BUS | | | | | |

Initial Contact Point

NON-COLLISION

DISABLING DAMAGE

Extent Of Damage

Vehicle Damage

ALL AREAS

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WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Towed Due To Dama TOWED DUE TO | age DISABLING DAMAGE | Vehicle Removed By SHIELDS TOWING | | | | | | |
|-------|---|---------------------------------------|-------------------------|---|--------------------|--|--|--|--|--|
| | What Driver Was Doing GOING STRAIGHT | | | Vehicle Factors | | | | | | |
| | | | | NOT APPLICABLE | | | | | | |
| | | Driver Prior Action Of | iner | | | | | | | |
| | | Driver Actions | | | | | | | | |
| F | Ë | FAILURE TO CON | NIROL | | | | | | | |
| UNIT | VEHICLE | | | | | | | | | |
| | Ň | | | | | | | | | |
| | | Driver Distractions | | | | | | | | |
| | | NOT DISTRACTE | D | | | | | | | |
| | | | | | | | | | | |
| 0 | 0 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | | |
| | | TERRY HOOKER (608) 495-1092 | 1 | 105 MILL ST LA VALLE, WI 53941 , US | | | | | | |
| | | (, | | ,,,,,,, | | | | | | |
| | ę | Sequence Of E | vents | | | | | | | |
| | 6 | Event | | | | | | | | |
| | 02 | Event TREE | | | | | | | | |
| | 03 | Event | | | | | | | | |
| Event | | | | | | | | | | |
| | 04 | | | | | | | | | |
| | I | Individual Driver | | Citations Issued | Sex | | | | | |
| | _ | TERRY HOOKER | 1 | 1 | MALE | | | | | |
| | DIVIDUAL | (608) 495-1092 | | Date of Birth | Race WHITE | | | | | |
| UNIT | Σ | Address | | Driver License Number | | | | | | |
| | Q | 105 MILL ST LA VALLE, WI 53941 ,US | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | - | | | | | | | | | |
| | | Equipment | On Duty Crash | Safety Equipment | | | | | | |
| | | Seat Position | | SHOULDER & LAP BELT | | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| 01 | 001 | Injury Severity | | Airbag | | | | | | |
| 0 | õ | Injury NO APPARENT INJURY | | NON DEPLOYED Ejection Path | Trapped/Extricated | | | | | |
| | | NOT EJECTED | | NOT EJECTED/NOT APPLICABL | NOT TRAPPED | | | | | |
| | | Medical Transport | | EMS Agency Identifier | EMS Run # | | | | | |
| | | NOT TRANSPORTED | | | | | | | | |

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

| | Hospital | | | | Date of Death | | | Time of Death | |
|--|-----------------------------------|-----------------------------------|-------------------------|--------------------------|-----------------------|-----------------|-------------------------|----------------------|----------------|
| | | Non Motorist | Striking Unit # | Prior Action | | | Location | | To/From School |
| | | Action | | | | | | | |
| L | UAL | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | |
| _ | INDI | | | | | | | | |
| | | | | | | | | | |
| | | Action Other | | | | | | | |
| Drug & Alcohol Suspected Alcohol Use Suspected Drug Use NO NO NO | | | | | | | | | |
| | Alcohol Test Given TEST NOT GIVEN | | | | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | | | Drug Test T | ype | | Drug Test Results | |
| 2 | 001 | Drug Type | | | | | | | |
| U | 0 | | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NOR | WAL | | | | | | |
| | | Violations | | | | | | | |
| | 01 | UTC Number AD979363 | Issue To? 001 | Statute Number 344.62(1) | Seq Num 001 | Descrip OPER | tion ATE MOTOR VEHIC | LE W/O INSURANCE | E |