

6TL08F2KTF
18-03308

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL08F2KTF

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|--|---|---|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 18-03308 | | Investigating Officer/Deputy DEPUTY T. SUTHERLAND | |
| Crash Date 04/01/2018 | | Crash Time 02:16 PM | | Date Arrived 04/01/2018 | | Time Arrived 02:25 PM | |
| Date Notified 04/01/2018 | | Time Notified 02:18 PM | | Total Units 01 | | Total Injured 01 | Total Killed 00 |
| <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 NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Description

| | |
|--|---------------------------------------|
| <p>Diagram</p> <p>E3493 USH 14</p> <p>E3483 USH 14</p> <p>USH 14</p> <p>Not To Scale</p> | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

ON 04-01-18 OPERATOR OF VEHICLE WAS EASTBOUND ON USH 14 JUST EAST OF DONALD ROAD. OPERATOR SAID HE IS NOT SURE WHAT HAPPENED. HE DRIFTED INTO THE GRAVEL ON THE SOUTH SIDE OF THE ROAD AND WAS PULLED INTO THE DITCH BECAUSE OF THE SOFT SHOULDER AREA ALONG THE ROADWAY. VEHICLE HIT THE DRIVEWAY AT E3483 USH 14 AND CAME TO REST NEXT TO FIRE NUMBER E3493 USH 14. SUBJECT IN VEHICLE WERE ALL CHECKED BY THE SPRING GREEN AMBULANCE. PER WIFE MASON WAS TRANSPORTED TO UW HOSPITAL IN MADISON TO GET CHECKED FURTHER AS HE STARTED TO HAVE CHEST AND BACK PAIN.

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Location

| | | |
|--|-------------------------------------|-----------------------------------|
| ON E3483 USH14 EB 734 FT E OF DONALD RD (FIRE E3483) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY | Latitude 43.189991639 | Longitude -90.143855069 |
| | X Coordinate 244532.21875 | Y Coordinate 4786713 |
| | Structure Type FIRE | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event DITCH | First Harmful Event Location SHOULDER RIGHT | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - NOT ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | | |
|-------------|--|--|---|----------------------------|--|---------------------------|
| UNIT | 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | | Vehicle Type (SPORT) UTILITY VEHICLE | | | | Operating As Endorsements |
| | Total Occs 4 | Train/Bus # Injured | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | Total Lanes 2 | |
| | Most Harmful Event: Collision With DITCH | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | |
|--|-----------|---|---|---------------------|---|
| UNIT | 01 | Vehicle | | | |
| | | License Plate Number MITCHY | Plate Type HAR - HARLEY DAVIDSO | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1FMJU2A57CEF64097 | Make FORD | Year 2012 | Model EXPEDITION |
| | | Color BLK - BLACK | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use NOT A BUS |
| | | Initial Contact Point 12--FRONT | Vehicle Damage 12--FRONT | | |
| Extent Of Damage FUNCTIONAL DAMAGE | | | | | |

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|---|------------|---|--|---|----------------------|--|--|
| UNIT | VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By GEORGES AUTO BODY | | | |
| | | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors NOT APPLICABLE | | | |
| | | Driver Prior Action Other | | | | | |
| | | Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY | | | | | |
| 01 | 01 | Driver Distractions NOT DISTRACTED | | | | | |
| | | Owner Name MASON TAYLER (262) 649-6328 | | Owner Address 270 HILLSIDE DR OCONOMOWOC, WI 53066 , US | | | |
| Sequence Of Events | | | | | | | |
| UNIT | 01 | Event DITCH | | | | | |
| | | Event | | | | | |
| | | Event | | | | | |
| | | Event | | | | | |
| UNIT | 04 | Policy Holder | | | | | |
| | | Insurance Company GERMANTOWN-MUTUAL-INS-CO | | Individual MASON TAYLER | | | |
| UNIT | INDIVIDUAL | Individual | | | | | |
| | | Driver MASON TAYLER (262) 649-6328 | | Citations Issued 0 | Sex MALE | | |
| | | | | Date of Birth | Race WHITE | | |
| | | Address 270 HILLSIDE DR OCONOMOWOC, WI 53066 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| | | Equipment | | On Duty Crash | | | |
| | | | | Safety Equipment SHOULDER & LAP BELT | | | |
| Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | | | | | |
| Helmet Use | | Helmet Compliance | | | | | |
| Eye Protection | | Tint Compliance | | | | | |
| 01 | 001 | Injury | | Airbag | | | |
| | | Injury Severity POSSIBLE INJURY | | NON DEPLOYED | | | |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABL | | Trapped/Extricated NOT TRAPPED | | | |

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|---|------------|--|---------------|---|--|----------|----------------|
| UNIT | INDIVIDUAL | Medical Transport EMS GROUND | | EMS Agency Identifier 531 | EMS Run # | | |
| | | Hospital UW HEALTH-AMERICAN CENTER | | Date of Death | Time of Death | | |
| | | Non Motorist | | Striking Unit # | Prior Action | Location | To/From School |
| | | Action | | | | | |
| | | Action Other | | | | | |
| | | Drug & Alcohol | | 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 | | |
| | | Drug Type | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | |
| UNIT | INDIVIDUAL | Individual | | | | | |
| | | Passenger MICHELLE TAYLER (262) 490-5844 | | Citations Issued 0 | Sex FEMALE | | |
| | | | | Date of Birth | Race WHITE | | |
| | | Address 270 HILLSIDE DR OCONOMOWOC, WI 53066 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| | | Equipment | | On Duty Crash | Safety Equipment | | |
| | | Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER | | SHOULDER & LAP BELT | | | |
| | | Helmet Use | | Helmet Compliance | | | |
| | | Eye Protection | | Tint Compliance | | | |
| | | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | | |
| | | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABL | Trapped/Extricated NOT TRAPPED | | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | | | | |
| Hospital | | Date of Death | Time of Death | | | | |
| Non Motorist | | Striking Unit # | Prior Action | Location | To/From School | | |

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| UNIT 01 | INDIVIDUAL | Action | | | | |
| | | Action Other | | | | |
| | | Drug & Alcohol | 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 | | |
| | | Drug Type | | | | |
| | | Individual Condition APPEARED NORMAL | | | | |
| | | Individual | | | | |
| | | Passenger JOHANNAH TAYLER (262) 649-6328 | Citations Issued 0 | Sex FEMALE | | |
| | | Date of Birth | Race WHITE | | | |
| Address 270 HILLSIDE DR OCONOMOWOC, WI 53066 , US | Driver License Number | | | | | |
| UNIT 01 | INDIVIDUAL | Equipment | On Duty Crash | Safety Equipment | | |
| | | Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI | CHILD RESTRAINT SYSTEM - FORWARD FACING | | | |
| | | Helmet Use | Helmet Compliance | | | |
| | | Eye Protection | Tint Compliance | | | |
| | | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | | |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABL | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run # | | |
| | | Hospital | Date of Death | Time of Death | | |
| | | Non Motorist | Striking Unit # | Prior Action | Location | To/From School |

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| UNIT 01 | INDIVIDUAL 003 | Action | | | | |
| | | Action Other | | | | |
| | | Drug & Alcohol | 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 | | |
| | | Drug Type | | | | |
| | | Individual Condition APPEARED NORMAL | | | | |
| | | Individual | | | | |
| | | Passenger TEAGAN TAYLER (262) 649-6328 | Citations Issued 0 | Sex FEMALE | | |
| | | Address 270 HILLSIDE DR OCONOMOWOC, WI 53066 , US | Date of Birth Race WHITE | | | |
| Driver License Number | | | | | | |
| UNIT 01 | INDIVIDUAL 004 | Equipment | On Duty Crash | Safety Equipment | | |
| | | Seat Position 6--SECOND SEAT-RIGHT SIDE | CHILD RESTRAINT SYSTEM - REAR FACING | | | |
| | | Helmet Use | Helmet Compliance | | | |
| | | Eye Protection | Tint Compliance | | | |
| | | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | | |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABL | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run # | | |
| | | Hospital | Date of Death | Time of Death | | |
| | | Non Motorist | Striking Unit # | Prior Action | Location | To/From School |

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|--|------------|--|------------------------------------|---------------------------------|--|
| UNIT 01 | INDIVIDUAL | Action | | | |
| | | Action Other | | | |
| | 004 | Drug & Alcohol | 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 | |
| | | Drug Type | | | |
| | | Individual Condition APPEARED NORMAL | | | |
| | | | | | |
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