18-04074

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | | | | | | g Officer/Deputy J. MACASKILL | | |
|---|--|----------------------------------|---|-------------|---------------------------|--------------|----------------------------------|--|--|
| ř | Crash Date 04/22/2018 | Crash Time 10:30 PM | | | | Arrived | | | |
| ני | Date Notified | Time Notified | Total U | | 10:32 PM Total Injured | Total Killed | | | |
| | 04/22/2018 | 10:31 PM | 01 | | 00 | 00 | | | |
| | On Emergency | and Run | e Closure | Work Zone | | or Towed | Reporting Threshold | | |
| | Government Property | Active School Zon | e School | Bus Related | Tags | | | | |
| | Reportable | Crash Type DT4000 (STANDARD (| CRASH) | | Amend | ed | Secondary Crash | | |
| | Description | | | | | | | | |
| | Diagram | | 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 4/22/18 AT APPROXIMATELY UNIT 1 THEN WENT OFF THE RC | | | | NIT 1 SWERVED T | O MISS A DEE | ER IN THE ROADWAY. | | |

18-04074

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

SAUK COUNTY SHERIFFS DEPARTMEN **1300 LANGE COURT BARABOO, WI 53913** (600) 2E6 400E

| | vention — | | | | | | | | | |
|---|--|-------------------------------------|---|------------------------|--|----------------------------|--|--|---|-----------------------------|
| - 0 | ocation | R | | | | Latitude | | | Longitud | 10 |
| - | 629 FT W | | | | | 43.554939467 | | -90.001 | | |
| - | F CTHK EB | | | | | X Coordinate | | Y Coord | inate | |
| | IN THE CITY OF REEDSBURG IN SAUK COUNTY | | | | | 257526.203125 | | 482682 | | |
| | | | | | | | Structure Type | | | |
| | | | | | | | | | | |
| - | ash Scene | | | | | - | | | | |
| | | | | | | | ful Event Lo | cation | | |
| | Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | | | | | ON ROADWAY | | | | |
| | | | | | | Light Condition DARK/UNLIT | | | | |
| | | | | | | Roadway Factor(s) | | | | |
| | RY | | | | NONE | | 40101(3) | | | |
| | vironment Factor(s) | | | | | | | | | |
| | NIMAL (S) IN ROAD | ΝΔΥ | | | | | NONE | | | |
| | eather Condition(s) | | | | | | | | | |
| | | | | | | | | | | |
| - | nimal Type | | | | Deleting To To Warmer | | | | | |
| | EER | | | | Relation To Trafficway TRAFFICWAY - ON ROAD | | | | | |
| | Crash Classification - Location | | | | | | Crash Classification - Jurisdiction | | | |
| PL | PUBLIC PROPERTY Tribal Land | | | | | | NO SPECIAL JURISDICTION Access Control NO CONTROL | | | |
| Tri | | | | | | | | | | Special Study |
| | Within Interchange Area Junction Location | | | | | Intersection Type | | | | |
| NC | - | Ν | | | NOT AN INTERSECTION | | | | | |
| | | Jnit Summary | | | | | | | | |
| Un | Jnit Status Vehicle Operating As | | | | | localfication | | 11. N.T. | | |
| IN | | | | | erating As C | lassification | | Unit Type | SII F | |
| Ve | I TRANSIT Phicle Type | | | Vehicle Ope D CLASS | erating As C | lassification | | Unit Type AUTOMOI Operating A | | nents |
| Ve | ITRANSIT | | | | erating As C | lassification | | AUTOMOI Operating A | s Endorser | |
| Ve PA To | I TRANSIT ehicle Type | | Train/Bus # Injured | D CLASS | | | Total Traile | AUTOMOI Operating A | s Endorser Total Haz | nents Mat Types |
| Ve P/ To 1 | I TRANSIT ehicle Type ASSENGER CAR otal Occs | | | D CLASS | tions Issued | | Total Traile 0 | AUTOMOI Operating A | s Endorser Total Haz 0 | Mat Types |
| Ve P/ To 1 | I TRANSIT ehicle Type ASSENGER CAR | | Train/Bus # Injured Direction Of Travel EASTBOUND | D CLASS | | | Total Traile | AUTOMOI Operating A | s Endorser Total Haz | Mat Types |
| Ve P/ To 1 Ins YE Mc | I TRANSIT ehicle Type ASSENGER CAR otal Occs surance? ES ost Harmful Event: Collis | ion Wit | Direction Of Travel | D CLASS | tions Issued CrashTire Mark ction | | Total Traile 0 Speed Lim | AUTOMOI Operating A ers it Emergency | s Endorser Total Haz 0 Total Lane 2 Motor Vehi | Mat Types es icle Use |
| Ve P/ To 1 Ins YE DI | I TRANSIT shicle Type ASSENGER CAR bital Occs surance? ES ost Harmful Event: Collis ITCH | ion Wit | Direction Of Travel | D CLASS | tions Issued CrashTire Mark ction IAL FUNC | | Total Traile 0 Speed Lim | AUTOMOI Operating A ers it Emergency NOT APPI | s Endorser Total Haz 0 Total Land 2 Motor Vehi LICABLE | Mat Types es icle Use |
| Ve PA To 1 Ins YE DI | I TRANSIT shicle Type ASSENGER CAR batal Occs surance? ES ost Harmful Event: Collis ITCH affic Way | | Direction Of Travel | D CLASS | tions Issued CrashTire Mark ction IAL FUNC | | Total Traile 0 Speed Lim | AUTOMOI Operating A ers it Emergency NOT APPI Traffic Contr | s Endorser Total Haz 0 Total Land 2 Motor Vehi LICABLE | Mat Types es icle Use |
| Ve PA To 1 Ins YE DI Tra TV | I TRANSIT shicle Type ASSENGER CAR bital Occs surance? ES ost Harmful Event: Collis ITCH | | Direction Of Travel | D CLASS | tions Issued CrashTire Mark ction IAL FUNC rol ROL | | Total Traile 0 Speed Lim | AUTOMOI Operating A ers it Emergency NOT APPI | s Endorser Total Haz 0 Total Land 2 Motor Vehi ICABLE ol Inoperat | Mat Types es icle Use |
| Ve PA To 1 Ins YE DI Tra TV Su BL | I TRANSIT ehicle Type ASSENGER CAR otal Occs surance? ES ost Harmful Event: Collis ITCH affic Way NO-WAY, NOT DIVID urface Type LACKTOP (BITUMIN | DED | Direction Of Travel EASTBOUND | D CLASS | tions Issued CrashTire Mark ction IAL FUNC rol ROL ture | | Total Traile 0 Speed Lim | AUTOMOI Operating A ers it Emergency NOT APPI Traffic Contr NO | s Endorser Total Haz 0 Total Land 2 Motor Vehi ICABLE ol Inoperat | Mat Types es icle Use |
| Ve PA To 1 Ins YE Mc DI Tra Su BL Tra | I TRANSIT ehicle Type ASSENGER CAR otal Occs surance? ES ost Harmful Event: Collis ITCH affic Way NO-WAY, NOT DIVID urface Type LACKTOP (BITUMIN uck Bus or HazMat | DED | Direction Of Travel EASTBOUND | D CLASS | tions Issued CrashTire Mark ction IAL FUNC rol ROL ture | | Total Traile 0 Speed Lim | AUTOMOI Operating A ers it Emergency NOT APPI Traffic Contr NO Road Grade | s Endorser Total Haz 0 Total Land 2 Motor Vehi ICABLE ol Inoperat | Mat Types es icle Use |
| Ve PA To 1 Ins YE DI Tra Tra Su BL | I TRANSIT ehicle Type ASSENGER CAR otal Occs surance? ES ost Harmful Event: Collis ITCH affic Way NO-WAY, NOT DIVID urface Type LACKTOP (BITUMIN uck Bus or HazMat | DED | Direction Of Travel EASTBOUND | D CLASS | tions Issued CrashTire Mark ction IAL FUNC rol ROL ture | | Total Traile 0 Speed Lim | AUTOMOI Operating A ers it Emergency NOT APPI Traffic Contr NO Road Grade | s Endorser Total Haz 0 Total Land 2 Motor Vehi ICABLE ol Inoperat | Mat Types es icle Use |
| Ve PA To 1 Ins YE DI Tra Su Su BI Tra Su Tra | I TRANSIT shicle Type ASSENGER CAR otal Occs surance? ES ost Harmful Event: Collis ITCH affic Way NO-WAY, NOT DIVID urface Type LACKTOP (BITUMIN uck Bus or HazMat O Vehicle License Plate Number | DED OUS) | Direction Of Travel EASTBOUND | D CLASS | tions Issued CrashTire Mark ction IAL FUNC rol ROL ture T | TION | Total Traile 0 Speed Lim 35 | AUTOMOI Operating A ers it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL | s Endorser Total Haz 0 Total Land 2 Motor Vehi LICABLE ol Inoperat | Mat Types es icle Use |
| Ve PA To 1 Ins YE DI Tra Su BL Tru | I TRANSIT ehicle Type ASSENGER CAR otal Occs surance? ES ost Harmful Event: Collis ITCH affic Way NO-WAY, NOT DIVID urface Type LACKTOP (BITUMIN uck Bus or HazMat O Vehicle License Plate Numbe AAB7743 | DED OUS) | Direction Of Travel EASTBOUND th | D CLASS | tions Issued CrashTire Mark ction IAL FUNC rol ROL ture T | TION | Total Traile 0 Speed Lim 35 | AUTOMOI Operating A Pers it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL | s Endorser Total Haz 0 Total Land 2 Motor Vehi LICABLE ol Inoperat | Mat Types es icle Use |
| Ve PA To 1 Ins YE Mc DI Tr Su BL Tr NC | I TRANSIT shicle Type ASSENGER CAR otal Occs surance? ES ost Harmful Event: Collis ITCH affic Way NO-WAY, NOT DIVID urface Type LACKTOP (BITUMIN uck Bus or HazMat O Vehicle License Plate Numbe AB7743 Vehicle Identification | DED OUS) er | Direction Of Travel EASTBOUND th | D CLASS | tions Issued CrashTire Mark ction IAL FUNC rol ROL tture T | TION | Total Traile 0 Speed Lim 35 St WI Year | AUTOMOI Operating A Pers it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is UNITED S1 Model | s Endorser Total Haz 0 Total Land 2 Motor Vehi LICABLE ol Inoperat | Mat Types es icle Use |
| Ve PA To 1 Ins YE DI DI Tra TV Su BL Tra NO | I TRANSIT shicle Type ASSENGER CAR otal Occs surance? ES ost Harmful Event: Collis ITCH affic Way NO-WAY, NOT DIVID urface Type LACKTOP (BITUMIN uck Bus or HazMat O Vehicle License Plate Numbe AAB7743 Vehicle Identification | DED OUS) er | Direction Of Travel EASTBOUND th | D CLASS | tions Issued CrashTire Mark ction IAL FUNC rol ROL iture T | TION | Total Traile 0 Speed Lim 35 St WI Year 2010 | AUTOMOI Operating A operating A ers it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is UNITED SI Model MALIBU LS Bus Use | s Endorser Total Haz 0 Total Land 2 Motor Vehi LICABLE ol Inoperat | Mat Types es icle Use |
| Ve PA To 1 Ins YE Mc DI Tra TV Su BL Tra NC | I TRANSIT shicle Type ASSENGER CAR otal Occs surance? ES ost Harmful Event: Collis ITCH affic Way NO-WAY, NOT DIVID urface Type LACKTOP (BITUMIN uck Bus or HazMat O Vehicle License Plate Numbe AAB7743 Vehicle Identification 1G1ZB5EB4AF17 | DED OUS) er | Direction Of Travel EASTBOUND th | D CLASS | tions Issued CrashTire Mark ction IAL FUNC rol ROL iture T | TION | Total Traile 0 Speed Lim 35 St WI Year 2010 | AUTOMOI Operating A Pers it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is UNITED ST Model MALIBU LS | s Endorser Total Haz 0 Total Land 2 Motor Vehi LICABLE ol Inoperat | Mat Types es icle Use |
| Ve PA To 1 Inss YE DI DI Tr TV Su BL Tr NC | I TRANSIT shicle Type ASSENGER CAR otal Occs surance? ES ost Harmful Event: Collis ITCH affic Way NO-WAY, NOT DIVID urface Type LACKTOP (BITUMIN uck Bus or HazMat O Vehicle License Plate Numbe AAB7743 Vehicle Identification 1G1ZB5EB4AF17 Color WHI - WHITE Initial Contact Point | DED OUS) er Numbe 76808 | Direction Of Travel EASTBOUND th | D CLASS | tions Issued CrashTire Mark ction IAL FUNC rol ROL iture T | TION | Total Traile 0 Speed Lim 35 St WI Year 2010 | AUTOMOI Operating A operating A ers it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is UNITED SI Model MALIBU LS Bus Use | s Endorser Total Haz 0 Total Land 2 Motor Vehi LICABLE ol Inoperat | Mat Types es icle Use |
| Ve PA To 1 Instant VE DI Tra TV Su BL Tra NO | I TRANSIT shicle Type ASSENGER CAR otal Occs surance? ES ost Harmful Event: Collis ITCH affic Way NO-WAY, NOT DIVID urface Type LACKTOP (BITUMIN uck Bus or HazMat O Vehicle License Plate Numbe AAB7743 Vehicle Identification 1G1ZB5EB4AF17 Color WHI - WHITE Initial Contact Point | DED OUS) er Numbe 76808 | Direction Of Travel EASTBOUND th | D CLASS | tions Issued CrashTire Mark ction IAL FUNC rol ROL ture T ITOMOBIL LET | TION | Total Traile 0 Speed Lim 35 St WI Year 2010 | AUTOMOI Operating A operating A ers it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is UNITED SI Model MALIBU LS Bus Use | s Endorser Total Haz 0 Total Land 2 Motor Vehi LICABLE ol Inoperat | Mat Types es icle Use |

UNIT

18-04074

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Towed Due To Dama | age | Veh | icle Removed By | | | | | |
|------|---------|---|--------------------|--------|---|-----------------------|--|--|--|--|
| | | | | - | OPERATOR | | | | | |
| | | U U U U U U U U U U U U U U U U U U U | | Veh | icle Factors | | | | | |
| | | GOING STRAIGHT Driver Prior Action Other | | NO | NOT APPLICABLE | | | | | |
| | | Driver Prior Action Of | ther | | | | | | | |
| | | Driver Actions | | | | | | | | |
| | щ | RAN OFF ROADV | VAY | | | | | | | |
| E | VEHICLE | | | | | | | | | |
| UNIT | | | | | | | | | | |
| | 2 | | | | | | | | | |
| | | | | | | | | | | |
| | | Driver Distractions NOT DISTRACTED | | | | | | | | |
| | | | | | | | | | | |
| | _ | | | | | | | | | |
| 0 | 0 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | Owner Name MATTHEW GEORGESON (608) 415-9625 | | | Owner Address S2456 MEADOWVIEW RD | | | | | |
| | | | | | REEDSBURG, WI 53959, US | | | | | |
| | | | | | | | | | | |
| | ę | Sequence Of Events | | | | | | | | |
| | | Event | | | | | | | | |
| | 6 | RUN OFF ROADWAY RIGHT | | | | | | | | |
| | 02 | S Event DITCH | | | | | | | | |
| | 03 | Event | | | | | | | | |
| | 0 | | | | | | | | | |
| | 04 | Event | | | | | | | | |
| | | Policy Holder | | | | | | | | |
| UNIT | | Insurance Company | | | ndividual | | | | | |
| Б | | ALLSTATE-INS-C | :0 | | ATTHEW GEORGESON | | | | | |
| | 1 | ndividual | | | | | | | | |
| | | Driver | | | itations Issued | Sex | | | | |
| | UAL | ANDREW GEORGESON (608) 415-9625 | | 0 | 1 | MALE | | | | |
| | | | | D | Pate of Birth | Race | | | | |
| L I | ē | | | | | WHITE | | | | |
| UNIT | | Address S2456 MEADOWVIEW RD REEDSBURG, WI 53959, US | | C | Driver License Number | | | | | |
| | Z | | | S | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | | | | | | | | | |
| | | | | s | afety Equipment | | | | | |
| | | Equipment | | | | | | | | |
| | | Seat Position | | S | SHOULDER & LAP BELT | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | | | | | | |
| | | Helmet Use | | н | lelmet Compliance | | | | | |
| | | Eye Protection | | Т | int Compliance | | | | | |
| | _ | Injury Severity | | | irbag | | | | | |
| 0 | 001 | Injury | NO APPARENT INJURY | | | | | | | |
| | | Ejected | | | jection Path | Trapped/Extricated | | | | |
| | | NOT EJECTED | | N | NOT EJECTED/NOT APPLICABL NOT TRAPPED | | | | | |
| 1 | ncin M | Motor Vehicle Crash | This ren | ort de | es not include any CJIS data. | Crash Date 04/22/2018 | | | | |

18-04074

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Medical Transport NOT TRANSPORT | ſED | | EMS Agency Identifier | | EMS Run # | | | | |
|-----------------|------------------------------------|--|--|--|---|--|---|--|--|--|
| | Hospital | | | Date of Death | | Time of Death | | | | |
| | Non Motorist | Striking Unit # | Prior Action | | Location | | To/From School | | | |
| | Action | | | | | | | | | |
| INDIVIDUAL | | | | | | | | | | |
| | Action Other | | | | | | | | | |
| Ľ | Drug & Alcohol | Suspected Alcohol U | se | Suspected Drug Us | se | | | | | |
| | Alcohol Test Given TEST NOT GIVEN | | | Alcohol Test Type | | Alcohol Test Results | | | | |
| | Drug Test Given TEST NOT GIVEN | | | Drug Test Type | | Drug Test Results | | | | |
| 001 | Drug Type | | | | | | | | | |
| | Individual Condition | | | | | | | | | |
| APPEARED NORMAL | | | | | | | | | | |
| | | NOT TRANSPORT Hospital Non Motorist Action Action Action Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition | NOT TRANSPORTED Hospital Striking Unit # Action Action Other Action Other Drug & Alcohol No Alcohol Test Given TEST NOT GIVEN Drug Type Individual Condition | NOT TRANSPORTED Hospital Striking Unit # Prior Action Action Action Action Action Other Suspected Alcohol Use NO NO Alcohol Test Given Suspected Alcohol Use NO NO TEST NOT GIVEN Drug Test Given Drug Type Individual Condition Individual Condition Individual Condition | NOT TRANSPORTED Date of Death Hospital Date of Death Non Motorist Striking Unit # Action Action Action Other Suspected Alcohol Use Drug & Alcohol No No NO Alcohol Test Given Alcohol Test Type TEST NOT GIVEN Drug Test Given Drug Type Individual Condition | NOT TRANSPORTED Date of Death Hospital Date of Death Non Motorist Striking Unit # Prior Action Action Action Action Action Action Other Suspected Alcohol Use No NO Actohol Test Given Alcohol Test Type TEST NOT GIVEN Drug Test Given Drug Type Individual Condition | NOT TRANSPORTED Date of Death Time of Death Hospital Date of Death Time of Death Non Motorist Striking Unit # Prior Action Action Action Action Other Drug & Alcohol Suspected Alcohol Use No NO Actohol Test Given Alcohol Test Given TEST NOT GIVEN Drug Test Type Drug Test Given Drug Test Type Individual Condition Drug Test Type | | | |