

6TL0B8M7T7  
18-05923

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>18-05923</b>	Investigating Officer/Deputy <b>DEPUTY B. MEARS</b>	
Crash Date <b>06/07/2018</b>		Crash Time <b>11:25 AM</b>	Date Arrived <b>06/07/2018</b>	Time Arrived <b>11:43 AM</b>	
Date Notified <b>06/07/2018</b>		Time Notified <b>11:27 AM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>	Tags	
<input type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>ALLEY BETWEEN N BALTIMORE AND CINCINNATI ST</p> <p>453 n baltimore</p> <p>435 n baltimore</p> <p>N BALTIMORE ST</p> <p>* NOT TO SCALE*</p>	Reconstruction By
	Photos By <b>DEPUTY MEARS</b>
	Additional Information <b>PHOTOS</b>

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

UNIT HAD TURNED SOUTH ONTO N BALTIMORE ST FROM THE ALLEY. OPERATOR STATED HE WAS TEXTING ON HIS PHONE AND PRESSED THE ACCELERATOR ACCIDENTALLY WHICH CAUSED THE UNIT TO GO OFF OF THE LEFT SIDE OF THE ROADWAY ONTO THE TREE BANK INFRONT OF 435 N BALTIMORE ST WHERE IT STRUCK A TREE. OPERATOR SAID HE DID NOT SEE ANY DAMAGE AND HAD PLANNED ON ADVISING THE OWNER WHEN THEY GOT HOME FROM WORK. UNIT DID HAVE MINOR RT SIDE CORNER DAMAGE. OPERATOR WAS LATER CONTACTED AND ISSUED SEVERAL CITATIONS. OWNER OF PROPERTY WAS ALSO NOTIFIED.

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Location

ON N BALTIMORE ST 175 FT N OF W HILL ST IN THE VILLAGE OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.18036373</b>	Longitude <b>-90.07241742</b>
	X Coordinate <b>250298.28125</b>	Y Coordinate <b>4785428</b>
	Structure Type	

Crash Scene

First Harmful Event <b>CURB</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>

Unit Summary

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>03</b>	Train/Bus # Injured	Total # Citations Issued <b>01</b>	Total Trailers <b>0</b>	Total HazMat Types
	Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>02</b>
	Most Harmful Event: Collision With <b>TREE</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>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT 01</b>	<b>Vehicle</b>			
	License Plate Number <b>EL4233</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1J4GL38K04W317772</b>	Make <b>JEEP</b>	Year <b>2004</b>	Model <b>LIBERTY RE</b>
	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 12--FRONT</b>		
Extent Of Damage <b>MINOR DAMAGE</b>				

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>		
01	01	Driver Distractions <b>DISTRACTION/INATTENTION, MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</b>		
		Owner Name <b>SCOTT JOHNSON (608) 588-5446</b>	Owner Address <b>453 N BALTIMORE ST SPRING GREEN, WI 53588 , US</b>	
<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>CURB</b>	
		02	Event <b>RUN OFF ROADWAY LEFT</b>	
		03	Event <b>CURB</b>	
		04	Event <b>TREE</b>	
01	001	<b>Individual</b>		
		Driver <b>SCOTT JOHNSON (608) 588-5446</b>	Citations Issued <b>04</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>453 N BALTIMORE ST SPRING GREEN, WI 53588 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Safety Equipment
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity <b>NO APPARENT 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>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		

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UNIT	INDIVIDUAL	Hospital	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>NOT OBSERVED</b>					
		UNIT	INDIVIDUAL	<b>Individual</b>			
Passenger <b>CALEB JOHNSON (608) 588-5446</b>	Citations Issued <b>0</b>			Sex <b>MALE</b>			
Date of Birth				Race <b>WHITE</b>			
Address <b>453 N BALTIMORE ST SPRING GREEN, WI 53588 , US</b>				Driver License Number			
<b>Equipment</b>	On Duty Crash			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>				Helmet Compliance			
Helmet Use				Tint Compliance			
Eye Protection				Airbag <b>NOT APPLICABLE</b>			
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>			Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>			Trapped/Extricated <b>NOT TRAPPED</b>
Ejected <b>NOT EJECTED</b>				EMS Agency Identifier		EMS Run #	
Medical Transport <b>NOT TRANSPORTED</b>		Date of Death		Time of Death			
UNIT	INDIVIDUAL	<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 <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, NOT OBSERVED</b>			
		<b>Individual</b>			
			Passenger <b>KAIDEN JOHNSON</b> <b>(608) 588-5446</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
				Date of Birth	Race <b>WHITE</b>
Address <b>453 N BALTIMORE ST</b> <b>SPRING GREEN, WI 53588 , US</b>		Driver License Number			
<b>Equipment</b>	On Duty Crash	Safety Equipment			
	Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>	<b>SHOULDER &amp; LAP BELT</b>			
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
Hospital		Date of Death	Time of Death		
UNIT	INDIVIDUAL	<b>Non Motorist</b>			
		Striking Unit #	Prior Action	Location	To/From School

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UNIT	INDIVIDUAL	Action						
		Action Other						
	01	003	<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, NOT OBSERVED</b>							
	<b>Violations</b>							
	04	03	01	UTC Number <b>AD980836</b>	Issue To? <b>001</b>	Statute Number <b>346.89(3)(a)</b>	Seq Num <b>001</b>	Description <b>TEXTING WHILE DRIVING</b>
				UTC Number <b>AD980837</b>	Issue To? <b>001</b>	Statute Number <b>343.05(3)(a)</b>	Seq Num <b>006</b>	Description <b>OPERATE W/O VALID LICENSE (EXP W/IN 3 MTHS)</b>
UTC Number <b>AD980839</b>				Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Seq Num <b>001</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>	
UTC Number <b>AD980839</b>				Issue To? <b>001</b>	Statute Number <b>347.48(4)(am)</b>	Seq Num <b>002</b>	Description <b>VIOL OF CHILD SAFETY RESTRAINT - CHILD 4 YRS BUT &lt; 8 YRS</b>	