6TL0B8M7TF 18-07754

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash	Document #	Agono	/ Crash Number	Investigating	Officer/Deni	utv	
	Document Number Overnide	1 milary Crasii	Primary Crash Document #		Agency Crash Number 18-07754		Investigating Officer/Deputy DEPUTY B. MEARS		
۲	Crash Date 07/18/2018	Crash Time 11:45 AM			Date Arrived 07/18/2018		Time Arrived 12:15 PM		
4	Date Notified	Time Notified		Total L	Inits	Total Injured 01	Total K	Killed	
8	07/18/2018	11:47 AM	11:47 AM		01		00		
-0B	On Emergency	Hit and Run	t and Run Lane Closu		Work Zone		or Towed	Reporting Threshold	
6TL0B8M7TF	Government Property		Active School Zone		School Bus Related NO		Tags		
	▼ Reportable	Crash Type DT4000 (STA	ANDARD CRASH	1)		Amend	ed	Secondary Crash	
	Description								
	Diagram		√ /	(Š)	, ,	/	Photos By DEPUTY I		
		ED WIRE FENI	-	.√ Iwc			Additional Ir NONE, PH	nformation HOTOS	
	CORNFIELD			1	*NOT TO	SCALE*			

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

OPERATOR WAS WB ON CTH WC JUST WEST OF WEIDNER RD GOING AROUND A CURVE. OPERATOR STATED THAT THERE WAS A DEER IN THE ROADWAY AND HE SWERVED TO THE RIGHT TO AVOID IT AND WENT OFF THE RIGHT SIDE OF ROADWAY. UNIT TRAVELED NW OFF THE RIGHT SIDE OF THE ROADWAY ABOUT 70 FEET WHERE IT THEN STRUCK A FENCE.UNIT CONTINUED NW DOWN AND EMBANKMENT FOR ABOUT 100 FEET WHERE IT THEN ENTERED A CORNFIELD. UNIT CONTINUED NW FOR ABOUT 225 FEET, WHERE IT THEN STOPPED FACING NW. OPERATOR GOT OUT ON HIS OWN AND CONTACTED HIS MOM, WHO THEN CALLED THE POLICE. OPERATOR COMPLAINED OF RT KNEE PAIN AND REFUSED MEDICAL TREATMENT. OPERATOR VERBALLY WARNED ABOUT OPERATING TOO FAST FOR CONDITIONS. UNIT

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Crash Date 07/18/2018

Crash Time 11:45 AM

	Loc	ation									
ON CTHWC WB						Latitude			Longitue	de	
	241 FT W						43.2169986		-90.029496342		
		WEIDNER RD HE TOWN OF SPRING	CREEN			X Coordinate			Y Coord	linate	
		AUK COUNTY	GREEN			253934.1	1875		47893	69.5	
					Structure '			•			
				NO STR	UCTURE						
	Cra	sh Scene									
•	First	Harmful Event				First Harm	nful Event	Location			
	FEN	ICE				SHOULD	DER RIGI	HT			
		ner of Collision				Light Condition					
		COLLISION W/VEHICL	E IN TRANSPORT		DAYLIGHT						
		d Surface Condition(s)				Roadway	Factor(s)				
	DRY	(
	Envir	ronment Factor(s)									
	ANII	MAL (S) IN ROADWAY	•			NONE					
	Wea	ther Condition(s)									
	CLE	AR									
	Anim	al Type			Relation To Trafficway						
	DEE	ER .				TRAFFIC	- YAWC	NOT ON ROA	.D		
		h Classification - Location						- Jurisdiction			
		BLIC PROPERTY				Access Co		RISDICTION		T	
	Triba	al Land						Special Study			
Within Interchange Area Junction Location					Intersection 7				<u> </u>		_
	NO		NON-JUNCTION		NOT AN INTERSECTION						
	Unit	Summary ==									
		Status	Classification Unit Type								
		RANSIT		D CLASS		AUTOMOBILE					
-		cle Type	Operating As Endorsements								
		Occs	Train/Bus # Injured	Total # Cita	Total # Citations Issued Total Tr			railers Total HazMat Types			
	01	Occs	Train/Dus # Injured		00			ille13	0		
		ance?	Direction Of Travel		0 Speed Lir		imit Total Lan		es		
	YES	}	WESTBOUND		CrashTire Mark		55	02			
		Harmful Event: Collision V	Vith		Special Function			Emergency Motor Vehicle Use			
1 ENGE					O SPECIAL FUNCTION			NOT APPLICABLE			
	TWO-WAY, NOT DIVIDED WARN					raffic Control /ARNING SIGN oad Curvature			Traffic Control Inoperative/Missing NO Road Grade		
		CKTOP (BITUMINOUS		CURVE LEFT			DOWNHILL				
		k Bus or HazMat	<u> </u>								
	NO										
	,	Vehicle									
					Plate Type St			Country of Issuance			
					AUT - AUTOMOBILE				UNITED STATES		
		AAY6604		AUT - AU	JTOMOBIL	.E					_
-	П	AAY6604 Vehicle Identification Num		AUT - AU Make		<u>.</u> E	Year	Model			
5	10	AAY6604 Vehicle Identification Num 1G2NW52E84M64541		AUT - AU Make PONTIAC	:	.E		Model GRAND AI			
5	10	AAY6604 Vehicle Identification Num		AUT - AU Make	3	.E	Year	Model	M		
5		AAY6604 Vehicle Identification Num 1G2NW52E84M64541 Color		AUT - AU Make PONTIAC Body Style) DAN	.c	Year	Model GRAND AI Bus Use	M		
-		AAY6604 Vehicle Identification Num 1G2NW52E84M64541 Color WHI - WHITE		AUT - AU Make PONTIAC Body Style SD - SED Vehicle Da	DAN Image		Year 2004	Model GRAND AI Bus Use NOT A BU	M S		
	VEHICLE 01	AAY6604 Vehicle Identification Num 1G2NW52E84M64541 Color WHI - WHITE Initial Contact Point	3	AUT - AU Make PONTIAC Body Style SD - SED Vehicle Da	DAN Image		Year 2004	Model GRAND AI Bus Use	M S	RONT	

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		Towed Due To Dama	=		icle Removed By ORGES AUTO BODY					
	TOWED DUE TO DISABLIN What Driver Was Doing			Vehicle Factors						
		What Driver Was Doing NEGOTIATING CURVE		Verificie i actors						
		Driver Prior Action Other		NO	T APPLICABLE					
LINO	VEHICLE	Driver Actions EXCEED SPEED LIMIT, SPEED TOO FAST/COND, FAILURE TO CONTROL								
		Driver Distractions DISTRACTED BY OUTSIDE PERSON, OBJECT, OR EVENT								
2	5									
		Owner Name JODI FRANK (608) 546-6307			Owner Address S11332 WILSON CREEK RD					
					SPRING GREEN, WI 53588 , US					
	;	Sequence Of Events								
	5	NON DOMESTICA	ATED ANIMAL (ALIVE)							
	05	Event FENCE								
Event EMBANKMENT										
	94	Event OTHER OBJECT	- NOT FIXED							
_	ı	Policy Holder								
L		Insurance Company			ndividual					
٦		ALLSTATE-INS-CO			ODI FRANK					
	ı	Individual		10	Stational Income					
		Driver BRODY RANDALL (608) 438-1756		0	itations Issued	Sex MALE				
	M				ate of Birth	Race				
╘	₫					WHITE				
	INDIVIDUA	Address S11332 WILSON CREEK RD SPRING GREEN, WI 53588, US		Driver License Number						
	Ĭ			STATE: WISCONSIN COUNTRY: UNITED STATES						
			On Duty Crash	S	afety Equipment					
		Equipment		× 100 mm						
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use		SHOULDER & LAP BELT						
				Н	lelmet Compliance					
		Eye Protection			Tint Compliance					
5	001	Injury	Injury Severity SUSPECTED MINOR INJURY		irbag ION DEPLOYED					
		Ejected			jection Path	Trapped/Extricated				
		NOT EJECTED		N	IOT EJECTED/NOT APPLICABL	NOT TRAPPED				

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l		Medical Transport			EMS Agency Identi	fior	EMS Run #	
					ENIS Agency Identifier		LIVIS Kull#	
		NOT TRANSPORTED						
		Hospital			Date of Death		Time of Death	
		Non Motoris	Striking Unit #	Prior Action	Location			To/From School
		Action						
	INDIVIDUAL							
-	\supset							
LINO	₹							
⊃	É							
	Z							
		Action Other						
	_		Suspected Alcohol U	Jse	Suspected Drug Us	se		
	L	Orug & Alcoh	O/ NO		NO			
		Alcohol Test Giver	1		Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVI	EN					
		Drug Test Given TEST NOT GIVI			Drug Test Type		Drug Test Results	
		TEST NOT GIVI	EN					
_	Ξ	Drug Type						
0	90							
		Individual Conditio	n					
		APPEARED NO	DMAI					
		AFFEARED NO	KIVIAL					
l	Dro	perty Owne	7					
		ridual			A ddrago			
0	THO	OMAS FEINER			Address S7796 WEIDNER	RD		
۾ ۾	(608	3) 574-9430			SPRING GREEN,			
PROP OWNER								
	Fixe	ed Objects St						
	_	3 - 1	Struck Object				Structure Number	Damage Tag Number
	2	01	FENCE					