

6TL09KMLXX  
18-08658

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>18-08658</b>		Investigating Officer/Deputy <b>DETECTIVE J. KELLOGG</b>	
Crash Date <b>08/08/2018</b>		Crash Time <b>12:04 PM</b>		Date Arrived <b>08/08/2018</b>		Time Arrived <b>12:21 PM</b>	
Date Notified <b>08/08/2018</b>		Time Notified <b>12:04 PM</b>		Total Units <b>01</b>		Total Injured <b>01</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 checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>St Hwy 23</p> <p>Not drawn to scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

OPERATOR WAS TRAVELING SOUTH ON HWY 23, WHEN IT DRIFTED INTO THE SHOULDER AND SUBSEQUENTLY THE DITCH YARD AREA. VEHICLE CONTINUED BACK ONTO THE HOGHWAY WHERE IT STOPPED AND THE DRIVER WAS HAVING AN APPARENT MEDICAL ISSUE. SUBJECT WAS TREATED AND TRANSPORTED BY EMS.

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Location

PRIVATE PROPERTY S4945 STH23 WB (FIRE S4945)  IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude <b>43.465638212</b>	Longitude <b>-90.024759031</b>
	X Coordinate <b>255320.5</b>	Y Coordinate <b>4816970.5</b>
	Structure Type <b>FIRE</b>	

Crash Scene

First Harmful Event <b>OTHER POST, POLE OR SUPPORT</b>	First Harmful Event Location <b>SHOULDER RIGHT</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>NON TRAFFICWAY - OTHER</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>	Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>DRIVEWAY ACCESS-RELATED</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>PASSENGER CAR</b>	Operating As Endorsements				
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>OTHER POST, POLE OR SUPPORT</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>819YKK</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1GKDM19W7VB526998</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>1997</b>	Model <b>SAFARI</b>	
	Color <b>TAN - TAN</b>	Body Style <b>VN - VAN</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>6--REAR, 12--FRONT</b>			

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UNIT	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</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</b>					
01	01	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>				
		Owner Name <b>RICHARD KNOTT</b>	Owner Address <b>445 WEST ST # 6 LOGANVILLE, WI 53943 , US</b>			
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
		04	Event			
01	001	<b>Equipment</b>			On Duty Crash	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>RESTRAINT USE UNKNOWN</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>POSSIBLE 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>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>	EMS Run #	
		Address <b>445 WEST ST # 6 LOGANVILLE, WI 53943 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		Driver <b>RICHARD KNOTT</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth	Race <b>WHITE</b>	

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<b>UNIT</b> <b>INDIVIDUAL</b>      <b>01</b> <b>001</b>	Hospital <b>REEDSBURG AREA MED CTR</b>		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>ILL (SICK), FAINTED</b>						