

6TL097RB27  
18-09535

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>18-09535</b>	Investigating Officer/Deputy <b>DEPUTY J. EYALIS</b>	
Crash Date <b>08/28/2018</b>		Crash Time <b>08:45 PM</b>	Date Arrived <b>08/28/2018</b>	Time Arrived <b>09:22 PM</b>	
Date Notified <b>08/28/2018</b>		Time Notified <b>09:02 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>01</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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>	Reconstruction By
	Photos By <b>LT. HODGES</b>
	Additional Information <b>FATAL CRASH SUPPLEMENT, PHOTOS, OTHER DOCUMENTS</b>

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

UNIT 1 WAS TRAVELING ON HWY 113. UNIT 1 CONTINUED SOUTH ON HWY 113 AT THE FERRY ON RAMP, WITH NO FERRY PRESENT, AND CONTINUED INTO THE WATER. VEHICLE BECAME FULLY SUBMERGED. SUPPLEMENTAL REPORT COMPLETED WITH FURTHER INFORMATION.



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UNIT	VEHICLE	Color <b>RED - RED</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	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>ALL AREAS</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>EVERETTS TOWING</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	<b>UNKNOWN</b>	
		Driver Actions <b>OTHER CONTRIBUTING ACTION</b>		
		Driver Distractions <b>UNKNOWN IF DISTRACTED</b>		
01	01	Owner Name <b>SCOTT L KIRKPATRICK (608) 215-7474</b>	Owner Address <b>3009 DIANNE DR MIDDLETON, WI 53562 , US</b>	
		<b>Sequence Of Events</b>		
01	01	Event <b>IMMERSION, FULL OR PARTIAL</b>		
		Event		
		Event		
		Event		
04	03	Event		
		Event		
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>SCOTT KIRKPATRICK</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>SCOTT L KIRKPATRICK</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address <b>3009 DIANNE DR MIDDLETON, WI 53562 , US</b>	Driver License Number [REDACTED] <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		

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01	UNIT	INDIVIDUAL	001		Eye Protection	Tint Compliance				
			<b>Injury</b>		Injury Severity <b>FATAL 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 #			
			Hospital		Date of Death <b>08/29/2018</b>		Time of Death <b>00:15</b>			
			<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						
01	UNIT	INDIVIDUAL	001		Drug Type					
			Individual Condition <b>NOT OBSERVED</b>							
			<b>Individual</b>							
			Passenger <b>CARRIE B KIRKPATRICK (608) 215-7474</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>			
Address <b>3009 DIANNE DR MIDDLETON, WI 53562 , US</b>		Date of Birth [REDACTED]		Race <b>WHITE</b>						
Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES								
01	UNIT	INDIVIDUAL	002		<b>Equipment</b>		On Duty Crash		Safety Equipment	
			Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</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>			

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<b>UNIT</b>  <b>INDIVIDUAL</b>       <b>01</b> <b>002</b>	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier		EMS Run #		
	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>APPEARED NORMAL</b>					