

6TL09N3P5G  
18-09726

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<br><b>18-09726</b> | Investigating Officer/Deputy<br><b>DEPUTY C. FRANK</b> |  |
| Crash Date<br><b>01/02/2018</b>                |                                      | Crash Time<br><b>01:45 PM</b>                | Date Arrived<br><b>09/02/2018</b>      | Time Arrived<br><b>02:00 PM</b>                        |  |
| Date Notified<br><b>09/02/2018</b>             |                                      | Time Notified<br><b>01:47 PM</b>             | Total Units<br><b>01</b>               | Total Injured<br><b>01</b>                             | Total Killed<br><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<br><b>NO</b>        | Tags   |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                       | <input type="checkbox"/> Secondary Crash     |

Description

|                |   |
|----------------|---|
| <p>Diagram</p> | Reconstruction By                       |
|                | Photos By<br><b>9198</b>                |
|                | Additional Information<br><b>PHOTOS</b> |

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

ON THE ABOVE DATE AND TIME UNIT 1 WAS INVOLVED IN A 1 UNIT CRASH. UNIT 1 WAS SOUTHBOUND ON CR G. AT THE TIME THERE WAS A DOWNPOUR OF RAIN. UNIT 1 WAS NEGOTIATING A RIGHT CURVE WHEN THE REAREND SPUN OUT TO THE LEFT DUE TO HYDROPLANE. UNIT 1 ENTERED THE LEFT DITCH WHERE IT STRUCK A UTILITY POLE GUY WIRE AND TIPPED ON IT'S DRIVER SIDE. UNIT 1 CAME TO A REST. ALLIANT ENERGY WAS CONTACTED AND PROVIDED WITH POLE NUMBER 12N-03E-20 24 51.

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## Location

|   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| ON S3242 CTGH SB<br>246 FT S<br>OF VOSEN LN<br>IN THE TOWN OF IRONTON<br>IN SAUK COUNTY | Latitude<br><b>43.51045308</b>       | Longitude<br><b>-90.164009706</b> |
|   | X Coordinate<br><b>244244.953125</b> | Y Coordinate<br><b>4822366.5</b>  |
|   | Structure Type                       |                                   |

## Crash Scene

|   |   |   |
|---|---|---|
| First Harmful Event<br><b>UTILITY POLE</b>                        | First Harmful Event Location<br><b>ROADSIDE</b>                                     |   |
| Manner of Collision<br><b>NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DAYLIGHT</b>  |   |
| Road Surface Condition(s)<br><b>WET</b>                           | Roadway Factor(s)<br><br><b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b> |   |
| Environment Factor(s)<br><b>WEATHER CONDITIONS</b>                |   |   |
| Weather Condition(s)<br><b>CLOUDY, RAIN</b>                       |   |   |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                               |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>         | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b>               |   |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>   | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                              | Junction Location<br><b>NON-JUNCTION</b>  | Intersection Type<br><b>NOT AN INTERSECTION</b> |

## Unit Summary

|   |   |  |   |  |  |   |  |
|---|---|--|---|--|--|---|--|
| <b>01</b><br><b>UNIT</b>                                  | Unit Status<br><b>IN TRANSIT</b>                          |  | Vehicle Operating As Classification<br><b>D CLASS</b>   |  | Unit Type<br><b>TRUCK</b>                            |   |  |
|   | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b>         |  |   |  | Operating As Endorsements                            |   |  |
|   | Total Occs<br><b>1</b>                                    | Train/Bus # Injured  | Total # Citations Issued<br><b>0</b>                    | Total Trailers<br><b>0</b>             | Total HazMat Types<br><b>0</b>                       |   |  |
|   | Insurance?<br><b>YES</b>                                  | Direction Of Travel<br><b>SOUTHBOUND</b>   | <input checked="" type="checkbox"/> Pre Crash Tire Mark | Speed Limit<br><b>55</b>               | Total Lanes<br><b>2</b>                              |   |  |
|   | Most Harmful Event: Collision With<br><b>UTILITY POLE</b> |  | Special Function<br><b>NO SPECIAL FUNCTION</b>          |  | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |   |  |
|   | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                |  | Traffic Control<br><b>NO CONTROL</b>                    |  | Traffic Control Inoperative/Missing<br><b>NO</b>     |   |  |
|   | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>              |  | Road Curvature<br><b>CURVE RIGHT</b>                    |  | Road Grade<br><b>LEVEL</b>                           |   |  |
|   | Truck Bus or HazMat<br><b>NO</b>                          |  |   |  |  |   |  |
|   | <b>01</b><br><b>VEHICLE</b>                               | <b>Vehicle</b>   |   |  |  |   |  |
|   |   | License Plate Number<br><b>NG1176</b>  |   | Plate Type<br><b>LTK - LIGHT TRUCK</b> | St<br><b>WI</b>                                      | Country of Issuance<br><b>UNITED STATES</b> |  |
| Vehicle Identification Number<br><b>2GCEC14Z2L1188685</b> |   | Make<br><b>CHEVROLET</b>   | Year<br><b>1990</b>                                     | Model<br><b>C1500</b>                  |  |   |  |
| Color<br><b>BLU - BLUE</b>                                |   | Body Style<br><b>PK - PICKUP</b>   |   | Bus Use<br><b>NOT A BUS</b>            |  |   |  |
| Initial Contact Point<br><b>12--FRONT</b>                 |   | Vehicle Damage<br><b>1--RIGHT FRONT CORNER, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b> |   |  |  |   |  |
| Extent Of Damage<br><b>DISABLING DAMAGE</b>               |   |  |   |  |  |   |  |

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|                               |   |   |  |   |                    |  |
|-------------------------------|---|---|--|---|--------------------|--|
| UNIT                          | VEHICLE   | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>       |  | Vehicle Removed By<br><b>SHIELDS TOWING</b>   |                    |  |
|                               |   | What Driver Was Doing<br><b>NEGOTIATING CURVE</b>                 |  | Vehicle Factors   |                    |  |
|                               |   | Driver Prior Action Other   |  | <b>TIRES</b>  |                    |  |
|                               |   | Driver Actions<br><b>FAILURE TO CONTROL</b>                       |  |   |                    |  |
|                               |   | Driver Distractions<br><b>NOT DISTRACTED</b>                      |  |   |                    |  |
| 01                            | 01  | Owner Name<br><b>MIRANA J GRUENERT<br/>(608) 393-8036</b>         |  | Owner Address<br><b>902 MOORE ST #94<br/>BARABOO, WI 53913 , US</b>                   |                    |  |
| <b>Sequence Of Events</b>     |   |   |  |   |                    |  |
|                               | 01  | Event<br><b>UTILITY POLE</b>                                      |  |   |                    |  |
|                               | 02  | Event   |  |   |                    |  |
|                               | 03  | Event   |  |   |                    |  |
|                               | 04  | Event   |  |   |                    |  |
| UNIT                          | <b>Policy Holder</b>  |   |  |   |                    |  |
|                               | Insurance Company<br><b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b> |   |  | Individual<br><b>MIRANA GRUENERT</b>  |                    |  |
| UNIT                          | INDIVIDUAL  | Driver<br><b>NICHOLAS T POSEY MORTIMER<br/>(608) 727-5882</b>     |  | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b> |  |
|                               |   | Date of Birth<br>[REDACTED]                                       |  | Race<br><b>WHITE</b>  |                    |  |
|                               |   | Address<br><b>S5259 SAND HILL LN<br/>REEDSBURG, WI 53959 , US</b> |  | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                    |  |
|                               |   | <b>Equipment</b>  | On Duty Crash                                    | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                                    |                    |  |
|                               |   | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>   |  | Helmet Compliance   |                    |  |
| Helmet Use                    |   | Tint Compliance   |  |   |                    |  |
| Eye Protection                |   | Airbag<br><b>NON DEPLOYED</b>                                     |  |   |                    |  |
| 01                            | 001   | <b>Injury</b>   | Injury Severity<br><b>SUSPECTED MINOR INJURY</b> | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b>                                     |                    |  |
| Ejected<br><b>NOT EJECTED</b> |   | Trapped/Extricated<br><b>NOT TRAPPED</b>                          |  |   |                    |  |

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|-------------|-------------------|--|------------------------------------|---------------------------------|----------|----------------|
| <b>UNIT</b> | <b>INDIVIDUAL</b> | Medical Transport<br><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<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |          |                |
|             |                   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                  | Alcohol Test Results            |          |                |
|             |                   | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                     | Drug Test Results               |          |                |
|             |                   | Drug Type                                      |                                    |                                 |          |                |
|             |                   | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |          |                |

01 001

### Property Owner

|                   |    |   |  |
|-------------------|----|---|--|
| <b>PROP OWNER</b> | 01 | Organization/Company<br><b>ALLIANT ENERGY</b><br>(800) 255-4268 | Address<br><b>4902 N BILTMORE</b><br><b>MADISON, WI 53707 1077, US</b> |
|-------------------|----|---|--|

### Fixed Objects Struck

|                   |    |                            |                                      |                  |                   |
|-------------------|----|----------------------------|--------------------------------------|------------------|-------------------|
| <b>PROP OWNER</b> | 01 | Striking Unit<br><b>01</b> | Struck Object<br><b>UTILITY POLE</b> | Structure Number | Damage Tag Number |
|-------------------|----|----------------------------|--------------------------------------|------------------|-------------------|