

6TL0B4X4JC  
18-09750

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>18-09750</b>		Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>09/03/2018</b>		Crash Time <b>07:56 AM</b>		Date Arrived <b>09/03/2018</b>		Time Arrived <b>08:14 AM</b>	
Date Notified <b>09/03/2018</b>		Time Notified <b>07:56 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 checked="" 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

Diagram	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 NB ON CTH A JUST PAST SHADY LANE RD. SWERVED TO MISS A DEER AND TRAVELED THROUGH THE WEST SIDE DITCH, THROUGH CORN FIELD, STRUCK SPLIT RAIL FENCE AND VEHICLE CAME TO REST AGAINST SMOOTH WIRE FENCE. THERE WAS DAMAGE TO DITCH, CORN FIELD, SPLIT RAIL FENCE AND SMOOTH WIRE FENCE. ALL PROPERTY OWNERS WERE NOTIFIED. VEHICLE SUSTAINED DISABLING DAMAGE AND WAS TOWED BY CRAIGS TOWING. NO INJURIES REPORTED.

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**Location**

ON CTHA NB 302 FT N OF SHADY LANE RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude <b>43.547543266</b>	Longitude <b>-89.738444943</b>
	X Coordinate <b>278781.65625</b>	Y Coordinate <b>4825265</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ROADSIDE</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>ANIMAL (S) IN ROADWAY</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - NOT 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>01</b> <b>UNIT</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>2</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</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 NON-COLLISION</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>01</b> <b>UNIT</b>	<b>Vehicle</b>			
	License Plate Number <b>934ZNP</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>4A3AK34T96E000219</b>	Make <b>MITSUBISHI</b>	Year <b>2006</b>	Model <b>ECLIPSE GT</b>
	Color <b>BLU - BLUE</b>	Body Style <b>2H - HATCHBACK 2 DOOR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>NON-COLLISION</b>	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>3--RIGHT SIDE MIDDLE, 9--LEFT SIDE MIDDLE, 12--FRONT</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.</b>				
01	01	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>MATTHEW EVERETT FRY (402) 360-2540</b>		Owner Address <b>N6209 HILLCREST RD PARDEEVILLE, WI 53954 , US</b>		
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>DITCH</b>			
		02	Event <b>OTHER NON-COLLISION</b>			
		03	Event <b>FENCE</b>			
		04	Event <b>FENCE</b>			
<b>Policy Holder</b>						
Insurance Company <b>INTEGON-GENERAL-INS-CORP</b>		Individual <b>MATTHEW FRY</b>				
<b>Individual</b>						
Driver <b>MATTHEW EVERETT FRY (402) 360-2540</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>		
Address <b>N6209 HILLCREST RD PARDEEVILLE, WI 53954 , US</b>		Date of Birth [REDACTED]		Race <b>WHITE</b>		
Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES				
<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				
01	001	<b>Injury</b>		Airbag		
		Injury Severity <b>NO APPARENT INJURY</b>		<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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UNIT	INDIVIDUAL	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>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>BRANDON J SHEARER (608) 402-5481</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth [REDACTED]	Race <b>WHITE</b>		
		Address <b>10445 STH 16 #36 PORTAGE, WI 53901 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<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>		
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		

<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other			
	<b>01</b>	<b>002</b>	<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>					

**Property Owner**

<b>PROP OWNER</b>	<b>01</b>	Government <b>TOWNSHIP OF DELTON</b> (608) 253-4621	Address <b>30 S WISCONSIN DELLS PKWY</b> <b>PO BOX 148</b> <b>LAKE DELTON, WI 53940 , US</b>
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**Fixed Objects Struck**

<b>PROP OWNER</b>	<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>DITCH</b>	Structure Number	Damage Tag Number
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**Property Owner**

<b>PROP OWNER</b>	<b>02</b>	Individual <b>GARY A CUMMINGS</b> (608) 963-3107	Address <b>S2401 CTH A</b> <b>BARABOO, WI 53913 , US</b>
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**Fixed Objects Struck**

<b>PROP OWNER</b>	<b>02</b>	Striking Unit <b>01</b>	Struck Object <b>OTHER OBJECT - NOT FIXED</b>	Structure Number	Damage Tag Number
		<b>03</b>	Striking Unit <b>01</b>	Struck Object <b>FENCE</b>	Structure Number

**Property Owner**

<b>PROP OWNER</b>	<b>03</b>	Government <b>SAUK COUNTY PARKS DEPT</b> (608) 355-4800	Address <b>S7995 WHITEMOUND DR</b> <b>HILLPOINT, WI 53937 , US</b>
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**Fixed Objects Struck**

<b>PROP OWNER</b>	<b>04</b>	Striking Unit <b>01</b>	Struck Object <b>FENCE</b>	Structure Number	Damage Tag Number
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