6TL0B655MX 18-10712

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/27/2018 Date Notified 09/27/2018	Crash Time 01:00 AM Time Notified 01:05 AM		Date Arrived 09/27/2018 Total Units 01		Time Arrived 01:08 AM Total Injured 01		ed	
On Emergency	Hit and Run	t and Run Lane Closu		Work Zone		or Towed	Reporting Threshold	
Government Property		Active School Zone		School Bus Related NO		Tags		
✓ Reportable	Crash Type DT4000 (Crash Type DT4000 (STANDARD CRASH)				Amended		
Diagram			(Jun	ul tre	e not to scale	Photos By DEPUTY W Additional Infe PHOTOS	/. NEUBAUER 9140	

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	Loc	ation ====									
		HERWIG RD				Latitude			Longitud	le	
	136 FT S						43.580078326			-89.837129169	
	OF S	STEVENS CT	X Coordinate			Y Coord	inate				
		HE TOWN OF DELLO	NA		270932.78125			482914			
	IN S	AUK COUNTY				Structure			1.0201		
					UCTURE						
	Cras	sh Scene									
		Harmful Event				First Harm	nful Event L	ocation			
	DITO					SHOULD	DER LEFT	•			
		ner of Collision				Light Cond					
	NO (COLLISION W/VEHIC	LE IN TRANSPORT			DARK/U	NLIT				
	Road	Surface Condition(s)				Roadway	Factor(s)				
	DRY	•									
	Envir	onment Factor(s)									
	NON	IE .				NONE					
	Moot	ther Condition(s)									
	CLE	AK									
	Anim	al Type			Relation To Traffice			way			
						TRAFFICWAY - NOT ON ROAD Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
		h Classification - Location									
		Land							Special Study		
						NO CONTROL					
	Withi	n Interchange Area	Junction Location		Intersection	ction Type					
	NO		NON-JUNCTION		NOT AN	N INTERSECTION					
	Unit	Summary =									
		Status		Vehicle Ope	erating As C	lassification	1	Unit Type			
	IN T	RANSIT		D CLASS		AUTOMOBILE					
-	Vehicle Type						Operating As Endorsements				
•	PAS	SENGER CAR									
		Occs	Train/Bus # Injured	Total # Cita	tions Issued		Total Trai	lers		Mat Types	
	1			1		0		0			
		surance? Direction Of Travel		Pre CrashTi						es	
;	YES				Mark 45		Emergency Motor Vehicle Use		ala I laa		
5	TRE	Ist Harmful Event: Collision With Special Function NO SPECIAL FUN									
		c Way		Traffic Cont	Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
		D-WAY, NOT DIVIDED)								
	Surfa	ace Type	Road Curva	Road Curvature			Road Grade				
	BLA	CKTOP (BITUMINOU	S)	STRAIGH	STRAIGHT			UPHILL			
	Truck	Bus or HazMat		•							
	NO										
	1	/ehicle									
		License Plate Number Plate Type					St	Country of Is			
		823ZZM			AUT - AUTOMOBILE		WI	UNITED STATES			
-	5	Vehicle Identification Number Make 5.6.A.E.T.13.D.0.133.0.0.238 BLUCK				Year Model					
	0				BUICK 2004			RAINIER			
		Color BLK - BLACK			Body Style UT - SPORT UTILITY VEHICLE Bus Use NOT A BUS						
	ш				Vehicle Damage						
_	Ξ_{-}	12FRONT			_						
_		Fytent Of Demage				NT CORNER, 11LEFT FRONT CORNER, 12FRONT,					
Ž	물	Extent Of Damage					11LEFT	FRONT CO	RNER, 12	?FRONT,	
5	VEHICLE	Extent Of Damage DISABLING DAMAG	E		FRONT (CARRIAGE		11LEFT	FRONT CO	RNER, 12	2FRONT,	

Crash Time 01:00 AM

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					Vehicle Removed By PLATTS WRECKER						
		What Driver Was Doi	9	Veh	icle Factors						
		GOING STRAIGHT			l						
		Driver Prior Action Ot	her	NO	NOT APPLICABLE						
		Driver Actions									
	Ш		ITROL, RAN OFF ROADWAY, FA	AILE	TO KEEP IN DESIGNATED LANE						
╘	7										
LIND	Ĭ										
ر ر	VEHICL										
		Driver Distractions									
		UNKNOWN IF DIS	STRACTED								
_	1										
2	01										
		Owner Name	S BEVED		Owner Address 212 XANADU RD # 509						
		BENJAMIN JAMES BEYER (608) 844-4386			WISCONSIN DELLS, WI 53965, U	s					
		(***,**			.,,						
		Sequence Of E	vonte								
		Event	vents								
	0	DITCH									
	02	Event									
	0	TREE Event									
	03	Eveni									
	04	Event									
		Policy Holder									
L		Policy Holder Insurance Company Individual									
5		GEICO-CASUALTY-CO			ndividual BENJAMIN BEYER						
		Individual	1-00		PENDAMIN BETER						
		Driver		TC	Citations Issued	Sex					
		BENJAMIN JAMES BEYER (608) 844-4386		1		MALE					
	AL				Pate of Birth	Race					
_	DO					WHITE					
	INDIVIDUA	Address			Priver License Number	<u> </u>					
⊃		212 XANADU RD									
	=	WISCONSIN DELLS, WI 53965 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
	,	Equipment	On Duty Crash	S	afety Equipment						
		Seat Position	FET OIDE (DDIVED/MOTODOV	SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY									
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
5	001	Injury Severity			Airbag						
٥	0	Injury	SUSPECTED MINOR INJURY		DEPLOYED-FRONT						
		Ejected			Ejection Path Trapped/Extricated						
		NOT EJECTED			IOT EJECTED/NOT APPLICABL	NOT TRAPPED					

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		Medical Transport			EMS Agenc	y Identifier	EMS Run #	
		EMS GROUND			6000123			
		Hospital			Date of Dea	th	Time of Death	
		ST CLARE HOSP						
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School
		Action						
	7							
—	INDIVIDUAL							
LNO								
_	₫							
	=							
		Action Other						
	L	Orug & Alcohol	Suspected Alco NO	hol Use	Suspected I	Orug Use		
		Alcohol Test Given			Alcohol Tes	t Type	Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN			Drug Test T	ype	Drug Test Results	
7	001	Drug Type					-	
0	0							
		Individual Condition						
		APPEARED NORM	IAL					
	1	Violations						
	5	UTC Number AD979914	Issue To? 001	Statute Number 346.57(2)	Seq Num 007	Description FAILURE TO KEEP V	EHICLE UNDER CONTR	ROL