

6TL096J8XD
18-09717

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 18-09717		Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER	
Crash Date 09/02/2018		Crash Time 03:26 AM		Date Arrived 09/02/2018		Time Arrived 03:58 AM	
Date Notified 09/02/2018		Time Notified 03:31 AM		Total Units 01		Total Injured 00	Total Killed 00
<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 NO		Tags	
<input type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>not to scale</p>	Reconstruction By
	Photos By
	Additional Information

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

UNIT 1 WAS TRAVELING DOWN CTH O AND FAIL TO STOP AT THE STOP SIGN. THE VEHICLE THEN WENT A CROSSED CTH O AND INTO THE DITCH NEAR THE CORNFIELD WHERE IT CAME TO REST.

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Location

ON CTHC WB 12 FT N OF CTHO SB IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.278031421	Longitude -89.927189766
	X Coordinate 262481.8125	Y Coordinate 4795851.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)	
Manner of Collision OTHER	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) RAIN		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			Operating As Endorsements	
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With DITCH		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

01 UNIT VEHICLE	Vehicle			
	License Plate Number NP5960	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FTFX1EF8BKD08453	Make FORD	Year 2011	Model F150
	Color SIL - SILVER (ALUMINUM)	Body Style PK - PICKUP		Bus Use NOT A BUS
	Initial Contact Point NON-COLLISION	Vehicle Damage		
Extent Of Damage NO DAMAGE		NO DAMAGE		

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UNIT	VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By EVERETTS TOWING	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other			
		Driver Actions EXCEED SPEED LIMIT, SPEED TOO FAST/COND, FAILURE TO CONTROL, DISREGARDED STOP SIGN			
01	01	Driver Distractions UNKNOWN IF DISTRACTED			
		Owner Name THOMAS L LEHMAN (608) 400-3475		Owner Address E8472 COUNTY ROAD C NORTH FREEDOM, WI 53951 , US	
Sequence Of Events					
UNIT	01	Event DITCH			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company ZURICH-AMERICAN-INS-CO-OF-ILLINOIS		Individual THOMAS LEHMAN	
UNIT	INDIVIDUAL	Driver THOMAS L LEHMAN (608) 400-3475		Citations Issued 3	
		Date of Birth [REDACTED]		Sex MALE	
		Address E8472 COUNTY ROAD C NORTH FREEDOM, WI 53951 , US		Driver License Number [REDACTED]	
				STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Equipment		Safety Equipment	
		On Duty Crash		SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance	
		Helmet Use		Tint Compliance	
		Eye Protection		Airbag NON DEPLOYED	
		Injury		Injury Severity SUSPECTED MINOR INJURY	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	

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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		Drug & Alcohol		Suspected Alcohol Use YES	Suspected Drug Use NO		
		Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD	Alcohol Test Results PENDING		
		Drug Test Given		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
UNIT	INDIVIDUAL	Individual					
		Individual	Citations Issued	Sex			
			Date of Birth	Race			
		Address , AL , US	Driver License Number				
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position					
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity	Airbag		
		Ejected		Ejection Path	Trapped/Extricated		
Medical Transport		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
Non Motorist		Striking Unit #	Prior Action	Location	To/From School		

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UNIT INDIVIDUAL	Action				
	Action Other				
	Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use		
	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results		
	Drug Test Given	Drug Test Type	Drug Test Results		
	Drug Type				
	Individual Condition				
	Individual				
	Driver	Citations Issued	Sex		
		Date of Birth	Race		
UNIT INDIVIDUAL	Address	Driver License Number			
	Equipment	On Duty Crash	Safety Equipment		
	Seat Position				
	Helmet Use	Helmet Compliance			
	Eye Protection	Tint Compliance			
	Injury	Injury Severity	Airbag		
	Ejected	Ejection Path	Trapped/Extricated		
	Medical Transport	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Prior Action	Location	To/From School

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UNIT	INDIVIDUAL	Action						
		Action Other						
	01	003	Drug & Alcohol		Suspected Alcohol Use		Suspected Drug Use	
			Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
			Drug Test Given		Drug Test Type		Drug Test Results	
			Drug Type					
			Individual Condition					
	03	01	Violations					
			UTC Number AI3876482	Issue To? 001	Statute Number 346.63(1)(a)	Seq Num 002	Description OPERATING WHILE UNDER THE INFLUENCE	
			UTC Number AI3876504	Issue To? 001	Statute Number 346.57(2)	Seq Num 007	Description FAILURE TO KEEP VEHICLE UNDER CONTROL	
		UTC Number AI3876493	Issue To? 001	Statute Number 346.46(1)	Seq Num 001	Description FAIL/STOP AT STOP SIGN		