

6TL09426RT
18-11371

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09426RT

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|---|--|--|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 18-11371 | | Investigating Officer/Deputy DEPUTY A. KULAS | |
| Crash Date 10/13/2018 | | Crash Time 02:30 AM | | Date Arrived 10/13/2018 | | Time Arrived 03:13 AM | |
| Date Notified 10/13/2018 | | Time Notified 02:53 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 checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Description

| | |
|----------------|---|
| <p>Diagram</p> | Reconstruction By |
| | Photos By A KULAS |
| | Additional Information NONE, PHOTOS |

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

UNIT 1 WAS SOUTH BOUND ON BIRCHWOOD RD. THE OPERATOR OF UNIT 1 SWERVED INTO THE LEFT(WEST) DITCH. UNIT 1 STRUCK A MAILBOX AND UTILITY POLE. UNIT 1 THEN STRUCK A TREE HEAD ON.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON BIRCHWOOD RD 25 FT S OF TROUT RD IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.612279503 | Longitude -89.827885135 |
| | X Coordinate 271801 | Y Coordinate 4832697 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|---|--|
| First Harmful Event UTILITY POLE | First Harmful Event Location ON ROADWAY | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location INTERSECTION | Intersection Type T-INTERSECTION |

Unit Summary

| | | | | | |
|-------------|---|---|--|----------------------------|--|
| 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 SOUTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 45 | Total Lanes 2 |
| | Most Harmful Event: Collision With TREE | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL |
| | Truck Bus or HazMat NO | | | | |

| | | | | | |
|-------------|----------------|---|--|---------------------|---|
| UNIT | VEHICLE | Vehicle | | | |
| | | License Plate Number JX3279 | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1FT8W3DT4BEA97586 | Make FORD | Year 2011 | Model F350 |
| | | Color BLK - BLACK | Body Style PK - PICKUP | | Bus Use NOT A BUS |
| | | Initial Contact Point 12--FRONT | Vehicle Damage | | |
| | | Extent Of Damage DISABLING DAMAGE | ALL AREAS | | |

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| UNIT | VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By HOVELANDS | | | |
| | | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | |
| | | Driver Actions FAILURE TO CONTROL | | | | | |
| 01 | 01 | Driver Distractions UNKNOWN IF DISTRACTED | | | | | |
| | | Owner Name TIMOTHY A PLATT (608) 547-6086 | | Owner Address 267 OAKBROOK DR WISCONSIN DELLS, WI 53965 , US | | | |
| Sequence Of Events | | | | | | | |
| UNIT | 01 | Event UTILITY POLE | | | | | |
| | | Event MAILBOX | | | | | |
| | | Event TREE | | | | | |
| | | Event | | | | | |
| UNIT | 04 | Policy Holder | | | | | |
| | | Insurance Company WEST-BEND-MUTUAL-INS-CO | | Individual TIMOTHY PLATT | | | |
| UNIT | INDIVIDUAL | Driver TIMOTHY A PLATT (608) 547-6086 | | Citations Issued 3 | | | |
| | | Date of Birth [REDACTED] | | Sex MALE | | | |
| | | Address 267 OAKBROOK DR WISCONSIN DELLS, WI 53965 , US | | Driver License Number [REDACTED] | | | |
| | | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 | 001 | Equipment | | On Duty Crash | | | |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | Safety Equipment SHOULDER & LAP BELT | | | |
| | | Helmet Use | | Helmet Compliance | | | |
| | | Eye Protection | | Tint Compliance | | | |
| | | Injury | | Injury Severity NO APPARENT INJURY | | Airbag DEPLOYED-FRONT | |
| | | 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 NO | | Suspected Drug Use NO | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results | |
| | | Drug Type | | | | |
| | | Individual Condition NOT OBSERVED | | | | |
| 01 | 001 | Violations | | | | |
| | | UTC Number AE142409 | Issue To? 001 | Statute Number 346.57(2) | Seq Num 007 | Description FAILURE TO KEEP VEHICLE UNDER CONTROL |
| | | UTC Number AE142408 | Issue To? 001 | Statute Number 346.70(1) | Seq Num 004 | Description FAILURE OF OCCUPANT TO NOTIFY POLICE OF ACCIDENT |
| | | UTC Number AE142407 | Issue To? 001 | Statute Number 343.22(1) | Seq Num 001 | Description FAIL/NOTIFY DMV OF ADDRESS/NAME CHANGE |
| Property Owner | | | | | | |
| PROP OWNER | 01 | Organization/Company ALLIANT ENERGY | | | Address 4902 N BILTMORE MADISON, WI 53707 1077, US | |
| | | Fixed Objects Struck | | | | |
| PROP OWNER | 01 | Striking Unit 01 | Struck Object UTILITY POLE | | Structure Number | Damage Tag Number |
| | | Property Owner | | | | |
| PROP OWNER | 02 | Individual TONY L PENDLETON (608) 219-9021 | | | Address S907 BIRCHWOOD RD WISCONSIN DELLS, WI 53965 , US | |
| | | Fixed Objects Struck | | | | |
| PROP OWNER | 02 | Striking Unit 01 | Struck Object MAILBOX | | Structure Number | Damage Tag Number |