18-11562

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | - I | | | , , | | ting Officer/Deputy Y C. FRANK | | | |
|-------------|--|---|--|--------------------------------|---|----------------------------------|-----------------------------------|-------------------------|---|--|
| J L | Crash Date 10/18/2018 | Crash Time 06:20 AM | | Date Arrived 10/18/2018 | | Time Arrive 06:38 AM | Time Arrived 06:38 AM | | | |
| OILUSINSPOI | Date Notified 10/18/2018 | Time Notified 06:29 AM | | Total Ui | nits | Total Injured | b | Total Killed | 1 | |
| USI | On Emergency Hit | and Run | ✓ Lane Closu | ıre | Work Zone | Traile | r or T | owed | Reporting Threshold | |
|) L | Government Property | Active Sc | hool Zone | School NO | Bus Related | Tags | | | | |
| 0 | ✓ Reportable | Crash Type DT4000 (STA | NDARD CRASH | | | Amen | ded | | Secondary Crash | |
| | Description Diagram | | onstruction | | | | | | | |
| | E5114 | लॅ | | · Utility | pole Cr B ot to scale | E5181 | 919 Addi | itional Inform | | |
| | I, a sworn law enforcement | UNIT 1 WAS EA | STBOUND ON CR | B AT KN | IOB RD. OPERATOR I | NEGOTIATED A F | | | | |
| | FOUR DEER IN THE ROADWAY A CAUSING OPERATOR TO MANEI CONTINUED EASTBOUND IN NO CAME TO A REST IN A CORN FIE RESPONDED AND ASSISTED. GI | JVER FURTHER RTH DITCH WHE ELD NORTH OF (| LEFT. UNIT 1 EN ERE IT STRUCK A CR B. UNIT ONE K | TERED N UTILITY SNITED A | ORTH SHOULDER W POLE, SNAPPING IT AND WAS BURNT COI | HERE OPERATO IN HALF. UTILITY | r los Pole | ST CONTRO E #9-04F-6 | OL OF UNIT. UNIT 1 34/1 AE/WPL. UNIT 1 | |

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Crash Date 10/18/2018

Crash Time 06:20 AM

| | _oc | ation —— | | | | | | | | | | |
|-------------------------|--|---|--|----------------------|---|---------------------------|-------------------------------------|-------------------------|--|-----------|---------------|--|
| - | ON | 5114 MAIN ST/ CTH | B EB | | | | Latitude | | | Longitud | le | |
| | 0.28 MI E | | | | | | 43.27892611 | | | -90.062 | 644005 | |
| | | IRF F5114) | | | | | | X Coordinate Y Coordina | | | inate | |
| | (FIR | | | | | | | 96875 | | 479634 | 5.5 | |
| | IN T | HE TOWN OF FRANK | Structure Type | | | | | | | | | |
| | IN S | AUK COUNTY | | | | | FIRE | | | | | |
| (| Cras | sh Scene | | | | | | | | | | |
| Ī | | Harmful Event | | | First Harm | iful Event Lo | cation | | | | | |
| | | ITY POLE | First Harmful Event Location ROADSIDE | | | | | | | | | |
| ŀ | - | ner of Collision | | | | | | Light Condition | | | | |
| | NO COLLISION W/VEHICLE IN TRANSPORT | | | | | | DARK/UNLIT | | | | | |
| ŀ | Road Surface Condition(s) | | | | | Roadway Factor(s) | | | | | | |
| | DRY | | | | | | | | | | | |
| | Envir | onment Factor(s) | | | | | | | | | | |
| | | MAL (S) IN ROADWA | Y | | | | NONE | | | | | |
| | Weat | her Condition(s) | | | | | | | | | | |
| | | UNKNOWN | | | | | | | | | | |
| - | | al Type | | Relation To Trafficw | | | • | | | | | |
| - | Cras | R Classification - Location | 1 | | TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction | | | | | | | |
| | Crash Classification - Location PUBLIC PROPERTY Tribal Land | | | | | NO SPECIAL JURISDICTION | | | | | | |
| | | | | | | Access Control NO CONTROL | | | | | Special Study | |
| • | | | | | | ersection Type | | | | | | |
| | | | | | _ | INTERSECTION | | | | | | |
| | Closure Type Reasons for Closu | | | | | ons for Closu | ure | | | | | |
| | | SURE-ONE DIRECTI | | | | | | | | _ | | |
| | Date Initial Lane/Rd Closed 10/18/2018 Time Initial Lane/Rd Closed 06:40 AM | | | | LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS | | | | | | | |
| | | Date All Lanes Open Time All Lanes Open | | | | Scene Clear | ed | Tim | ne Scene Cleared | | | |
| | 10/1 | 8/2018 | 09:00 AM | | 10/18/2018 | | | 09: | 9:04 AM | | | |
| ı | | Summary = | | | | | | | | | | |
| | Unit : | Status | | Vehi | cle Ope | erating As Cl | assification | | Unit Type | | | |
| | | | | | LASS | | | | AUTOMOBILE | | | |
| 10 | Vehicle Type | | | | | Operating As Endorsements | | | | | | |
| ا د | (SPORT) UTILITY VEHICLE | | | | | | T-4 T '' | | T-4 171 | Mat Turne | | |
| | | | | Tota 0 | Total # Citations Issued 0 | | Total Trail | | ilers Total HazMat Types 0 | | wat Types | |
| ŀ | | ance? | Direction Of Travel | | Dro | CrachTire | | Speed Lim | | | es | |
| _ | YES | | EASTBOUND | | Pre CrashTire Mark | | | 55 | | 2 | | |
| 5 | | | | | Special Function NO SPECIAL FUNCTI | | TION | | Emergency Motor Vehicle Use NOT APPLICABLE | | | |
| ļ | Traffic Way Traf | | | Traffic Control | | | Traffic Control Inoperative/Missing | | | | | |
| | · | | | NO CONTROL | | | NO | | | | | |
| | | | | | Road Curvature | | | Road Grade | | | | |
| Į | | , | | | CURVE RIGHT LEVEL | | | | | | | |
| Truck Bus or HazMat NO | | | | | | | | | | | | |
| | | /ehicle | | | | | | | | | | |
| | License Plate Number | | | | е Туре | | St Country of Issuance | | uance | | | |
| | | AED3250 | | AU | T - AU | TOMOBIL | | | UNITED STATES | | | |
| _ | _ | | | | | Make | | Year Model | | | | |
| 5 | 2LMDJ6JK5DBL14314 LINCOLN | | | | I | | 2013 | MKX | | | | |

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| | | Color RED - RED | Body Style UT - SPORT UTILITY VEHICLE | Bus Use NOT A BUS | | | | | | |
|---------|------------|--|---|-------------------|--|--|--|--|--|--|
| | щ | Initial Contact Point | Vehicle Damage | | | | | | | |
| LNO | VEHICL | 12FRONT Extent Of Damage | ALL AREAS | | | | | | | |
| | Ų. | DISABLING DAMAGE | ALE AREA | | | | | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By GEORGES AUTO BODY | | | | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | | | | |
| | | NEGOTIATING CURVE Driver Prior Action Other | NOT APPLICABLE | | | | | | | |
| | | Diver Filor Action Other | | | | | | | | |
| | ш | Driver Actions OVER-CORRECTING/OVER-STEERING | | | | | | | | |
| ╘ | | C.L. CO.M.CO.M.C.OTER OTERMIC | | | | | | | | |
| LIND | VEHICL | | | | | | | | | |
| | > | | | | | | | | | |
| | | Driver Distractions DISTRACTED BY OUTSIDE PERSON, OBJECT, OR EVENT | | | | | | | | |
| | | | | | | | | | | |
| 5 | 5 | | | | | | | | | |
| C | | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | Owner Address | | | | | | | |
| | | JOHN MICHAEL MEAD (608) 459-0051 | E3031 PHYLANE RD LONE ROCK, WI 53556, US | | | | | | | |
| | | (666) 166 6661 | | | | | | | | |
| | ; | Sequence Of Events | | | | | | | | |
| | 6 | Event | | | | | | | | |
| | 05 | Event FIRE/EXPLOSION | | | | | | | | |
| | 03 | Event | | | | | | | | |
| | | Event | | | | | | | | |
| | 9 | | | | | | | | | |
| LNO | | Policy Holder Insurance Company Individual | | | | | | | | |
| 5 | | PROGRESSIVE-ADVANCED-INSURANCE-CO | Individual JOHN MEAD | | | | | | | |
| | ı | Individual | | | | | | | | |
| | | Driver JOHN MICHAEL MEAD | Citations Issued 0 | Sex MALE | | | | | | |
| | INDIVIDUAL | (608) 459-0051 | Date of Birth | Race WHITE | | | | | | |
| | ₹ | Address | Driver License Number | | | | | | | |
| | | E3031 PHYLANE RD LONE ROCK, WI 53556 , US | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | | ,,, | | | | | | | | |
| | | Equipment On Duty Crash | Safety Equipment | | | | | | | |
| | | Seat Position | SHOULDER & LAP BELT | | | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | | | | | | |
| | | Helmet Use | Helmet Compliance | | | | | | | |

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| | Eye Protection | | | Tint Compliance | | | | | | |
|--------------------------------|--|--|--|--|--|---|---|--|--|--|
| 00 | Injury | Injury Severity SUSPECTED MIN | NOR INJURY | Airbag UNKNOWN | | | | | | |
| | Ejected | | | Ejection Path | | Trapped/Extricated | | | | |
| NOT EJECTED | | | NOT EJECTED/ | NOT APPLICABL | NOT TRAPPED | | | | | |
| | Medical Transport | | | EMS Agency Ident | ifier | EMS Run # | | | | |
| | NOT TRANSPOR | TED | | | | | | | | |
| Hospital | | | | Date of Death | | Time of Death | | | | |
| | Non Motorist | Striking Unit # | Prior Action | | Location | | To/From School | | | |
| INDIVIDUAL | Action | | | | | | | | | |
| | Action Other | I Corrected Alaskall | la a | I Commented David III | | | | | | |
| E | Drug & Alcohol NO | | | NO | Se | | | | | |
| | TEST NOT GIVEN | | | | | | | | | |
| Drug Test Given TEST NOT GIVEN | | I | | Drug Test Type | | Drug Test Results | | | | |
| 00 | | | | | | | | | | |
| Individual Condition | | | | | | | | | | |
| APPEARED NORMAL | | | | | | | | | | |
| Pro | perty Owner | | | | | | | | | |
| Indiv HUE | idual BERT A BINDL | | | Address S9976 KNOB RD PLAIN, WI 53577 | , US | | | | | |
| Fixe | ed Objects Stru | ıck | | | | | | | | |
| | • | | | | | Structure Number | Damage Tag Number | | | |
| 01 OTHER OBJECT - NOT FIXED | | | | | | | | | | |
| Property Owner | | | | | | | | | | |
| Orga ALL (800 | nization/Company IANT ENERGY I) 255-4268 | | | | | | | | | |
| Fixe | d Objects Stru | ıck | | | | | | | | |
| 5 | Striking Unit Struck Object UTILITY POLE | | | | | Structure Number | Damage Tag Number | | | |
| | Fixe 8000 Pro OALL (8000 Pro OALL (8 | Property Owner Individual Albahat About Albahat Albaha | Injury Suspected Not Ejected Not Ejected Not Transport Not Transport Not Transport Not Motorist | Injury Injury SUSPECTED MINOR INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Non Motorist Action Action Action Action Action Suspected Alcohol No Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Property Owner Individual HUBERT A BINDL (608) 415-9119 Fixed Objects Struck Striking Unit Struck Object OTHER OBJECT - NOT FIXED Property Owner Organization/Company ALLIANT ENERGY (800) 255-4268 Striking Unit Struck Object Striking Unit Struck Object Striking Unit Struck Object Striking Unit Struck Object Striking Unit Struck Object Striking Unit Struck Object Striking Unit Struck Object Striking Unit Struck Object Striking Unit Struck Object Striking Unit Struck Object | Injury Suspected MINOR INJURY Ejected NOT EJECTED Medical Transport EMS Agency Identify Not TRANSPORTED Hospital Date of Death Non Motorist Striking Unit # Prior Action Drug & Alcohol No | Injury Injury Severity SUSPECTED MINOR INJURY Injury Severity SUSPECTED MINOR INJURY Injury Severity SUSPECTED MINOR INJURY Injury Severity Injury Severity | Injury Suspected MINOR INJURY UNKNOWN Ejected MINOR INJURY UNKNOWN Ejected MINOR EJECTED MINOR INJURY Ejection Path NOT EJECTED/NOT APPLICABL NOT TRAPPED EMS Agency Identifier EMS Run # | | | |