

6TL09JDKW8  
18-11663

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>18-11663</b>	Investigating Officer/Deputy <b>DEPUTY B. SCHLOUGH</b>	
Crash Date <b>10/20/2018</b>		Crash Time <b>12:15 PM</b>	Date Arrived <b>10/20/2018</b>	Time Arrived <b>12:28 PM</b>	
Date Notified <b>10/20/2018</b>		Time Notified <b>12:18 PM</b>	Total Units <b>01</b>	Total Injured <b>01</b>	Total Killed <b>01</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 <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

<p>Diagram</p> <p style="text-align: center;"><b>STH 23</b></p> <p style="text-align: center;"><b>DRAWING NOT TO SCALE</b></p>	Reconstruction By
	Photos By <b>DEPUTY VERTEIN</b>
	Additional Information <b>PHOTOS, FATAL CRASH SUPPLEMENT</b>

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

UNIT 1 WAS TRAVELING N/B ON STH 23. UNIT 1 DRIFTED OVER THE DOUBLE YELLOW CENTER LINE INTO THE S/B LANE. UNIT 1 THEN ENTERED THE S/B SHOULDER AND INTO THE DITCH AREA. UNIT 1 TRAVELED THRU THE S/B DITCH FOR APPROXIMATELY 100 FEET IN A NORTHERLY DIRECTION. UNIT 1 THEN IMPACTED A UTILITY POLE ON THE DRIVER'S SIDE DOOR. AFTER IMPACT UNIT 1 SPUN AROUND IN A COUNTERCLOCKWISE DIRECTION AND CAME TO REST FACING SOUTH.

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Location

ON STH23 WB 0.43 MI N OF ELDER RIDGE RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude <b>43.422595118</b>	Longitude <b>-90.035962157</b>
	X Coordinate <b>254239.859375</b>	Y Coordinate <b>4812222.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>UTILITY POLE</b>	First Harmful Event Location <b>SHOULDER LEFT</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>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type	Relation To Trafficway <b>TRAFFICWAY - 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>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>	Reasons for Closure <b>LAW ENFORCEMENT</b>		
Date Initial Lane/Rd Closed <b>10/20/2018</b>	Time Initial Lane/Rd Closed <b>12:28 PM</b>		
Date All Lanes Open <b>10/20/2018</b>	Time All Lanes Open <b>01:20 PM</b>	Date Scene Cleared <b>10/20/2018</b>	Time Scene Cleared <b>01:20 PM</b>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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 CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>UTILITY POLE</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>CURVE RIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				
	<b>Vehicle</b>				
	License Plate Number <b>245496</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1GCEK19BX5Z172274</b>	Make <b>CHEVROLET</b>	Year <b>2005</b>	Model <b>SILVERADO</b>		

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UNIT	VEHICLE	Color <b>BLU - BLUE</b>	Body Style <b>PK - PICKUP</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>10--LEFT SIDE FRONT</b>	Vehicle Damage <b>10--LEFT SIDE FRONT</b>	
		Extent Of Damage <b>DISABLING DAMAGE</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions <b>FAILURE TO CONTROL, RAN OFF ROADWAY, WRONG SIDE OR WRONG WAY, FAILED TO KEEP IN DESIGNATED LANE</b>		
		Driver Distractions <b>NOT DISTRACTED</b>		
01	01	Owner Name <b>NORMAN RICHARD MAUTHE (608) 348-9697</b>	Owner Address <b>865 EASTMAN ST PLATTEVILLE, WI 53818 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	01	Event <b>UTILITY POLE</b>		
		Event <b>FENCE</b>		
		Event		
		Event		
UNIT	04	<b>Policy Holder</b>		
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>NORMAN MAUTHE</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>NORMAN RICHARD MAUTHE (608) 348-9697</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address <b>865 EASTMAN ST PLATTEVILLE, WI 53818 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>			
	Helmet Use	Helmet Compliance		

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01	UNIT	INDIVIDUAL	Eye Protection		Tint Compliance			
			<b>Injury</b>	Injury Severity <b>FATAL INJURY</b>	Airbag <b>DEPLOYED-FRONT</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 <b>10/20/2018</b>	Time of Death <b>12:48</b>		
			<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				
01	UNIT	INDIVIDUAL	Drug Type					
			Individual Condition <b>APPEARED NORMAL</b>					
			<b>Individual</b>					
			Passenger <b>MARK J MAUTHE</b> <b>(563) 495-7025</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
			Address <b>865 EASTMAN ST</b> <b>PLATTEVILLE, WI 53818 , US</b>		Date of Birth [REDACTED]		Race <b>WHITE</b>	
Equipment		On Duty Crash		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>						
Helmet Use		Helmet Compliance						
Eye Protection		Tint Compliance						
01	UNIT	INDIVIDUAL	<b>Injury</b>		Airbag <b>DEPLOYED-FRONT</b>			
			Injury Severity <b>POSSIBLE INJURY</b>	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>	

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6001024</b>	EMS Run # <b>181917</b>		
		Hospital <b>REEDSBURG AREA MED CTR</b>	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>				

**Property Owner**

<b>PROP OWNER 01</b>	Individual <b>ANDREW W HELLENBRAND</b> (608) 415-8182	Address <b>S6022 STH 23</b> <b>LOGANVILLE, WI 53943 , US</b>
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**Fixed Objects Struck**

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

<b>PROP OWNER 02</b>	Organization/Company <b>ALLIANT ENERGY</b> (800) 255-4268	Address <b>4902 N BILTMORE</b> <b>MADISON, WI 53707 1077, US</b>
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**Fixed Objects Struck**

<b>02</b>	Striking Unit <b>01</b>	Struck Object <b>UTILITY POLE</b>	Structure Number	Damage Tag Number
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**Witness**

<b>WITN ESS 01</b>	Individual <b>GREGORY ALLEN CRIDELICH</b> (608) 415-3989	Address <b>S5841 COUNTY ROAD D</b> <b>ROCK SPRINGS, WI 53961 , US</b>	Date of Birth [REDACTED]
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