6TL0B4X4JS

18-12780

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document # Crash Time 10:10 AM | | Agency Crash Number 18-12780 | | Investigating Officer/Deputy DEPUTY E. KNULL | | |
|---------|---|---|---------------|---------------------------------|-------------|--|-------------|----------------------|
| כ | Crash Date 11/16/2018 | | | Date Ar | | Time Arrived 10:34 AM | | |
| | Date Notified 11/16/2018 | Time Notified 10:10 AM | | Total Ui | nits | Total Injured | Total K | Cilled |
| ם כי | On Emergency Hi | t and Run | Lane Closu | | ☐ Work Zone | | or Towed | Reporting Threshold |
| 5 | — Government — Active Colored Zone | | | School NO | Bus Related | Tags | | |
| | ▼ Reportable | Crash Type DT4000 (STA | NDARD CRASH |) | | Amend | ded | Secondary Crash |
| | Description Diagram | | | | | | Reconstruct | C B |
| | | | | | not to s | cale | Photos By | , |
| | | СТН К | | | | | | nformation |
| | | LONGVIEW DR | | | | | | |
| | I, a sworn law enforcement | | | | | | PERY SNIOW | COVERED ROAD VEHICLE |
| | WENT INTO THE DITCH AND SIL AND WAS REMOVED FROM SCI | DE SWIPED DEAD | END TRAFFIC S | IGN. SIG | | | | |

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| | Loc | ation | | | | | | | | | |
|---|--|--|-------------------|-----------------------------|---|---|-----------------------------|---|---------------|--------------|--|
| | | LONGVIEW DR | | | Latitude 43.626527458 | | | | Longitude | | |
| | | T W CTHK WB | | | | | 27458 | -89.989 | | 575761 | |
| | - | HE TOWN OF WINFIE | ELD | | X Coordinate | | | Y Coordinate | | | |
| | IN S | AUK COUNTY | | | | 258809.6 | | | 483473 | 37 | |
| | | | | Structure Type NO STRUCTURE | | | | | | | |
| | Cra | sh Scene | | | | | | | | | |
| • | | Harmful Event | | | | First Harm | nful Event Lo | ocation | | | |
| | | AFFIC SIGN POST | | | SHOULDER RIGHT | | | | | | |
| | | ner of Collision COLLISION W/VEHIC | I E IN TRANSPORT | | | Light Condition DAYLIGHT Roadway Factor(s) | | | | | |
| | | | LE IN TRANSPORT | | | | | | | | |
| | | Road Surface Condition(s) SNOW | | | | | 1 doto1(3) | | | | |
| | Envi | ronment Factor(s) | | | | | | | | | |
| | МОИ | NE | | | | NONE | | | | | |
| | Wea | ther Condition(s) | | | | | | | | | |
| | CLC | OUDY | | | | | | | | | |
| | Anim | al Type | | | | | o Trafficway | ay NOT ON ROAD | | | |
| | Cras | h Classification - Location | 1 | | | | | | | | |
| | | BLIC PROPERTY | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | | |
| | Triba | l Land | | | | | Special Stud | | Special Study | | |
| | With | in Interchange Area | Junction Location | | Intersection | NO CONTROL ion Type | | | | | |
| | NO | Ü | NON-JUNCTION | | | AN INTERSECTION | | | | | |
| | Uni | Summary = | | | | | | | | | |
| | | Status | | | _ | Classification Unit Type | | | | | |
| | | RANSIT | | D CLASS | | TRUCK | | | | | |
| 5 | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | | | Operating As Endorsements | | | | |
| | Total Occs Train/Bus # Injured | | | Total # Citat | Total # Citations Issued Total Tr | | | , , | | | |
| | 1 | | | 0 | | 0 | | 0 | | | |
| | Insur YES | nsurance? Direction Of Travel YES WESTBOUND | | | Pre CrashTire Mark 45 | | | Limit Total Lanes 2 | | | |
| | Most | Harmful Event: Collision | | Special Function | | | Emergency Motor Vehicle Use | | | | |
| | | TRAFFIC SIGN FOST | | | | FUNCTION NOT APPLICABLE | | | | | |
| | Traffic Way Traffic Control NO CONTROL Surface Type Road Curvature BLACKTOP (BITUMINOUS) Traffic Control NO CONTROL STRAIGHT | | | | | | | Traffic Control Inoperative/Missing NO | | | |
| | | | | | | | | Road Grade | | | |
| | | | | | | | | LEVEL | | | |
| | Truc | k Bus or HazMat | | I | | | | 1 | | | |
| | NO | | | | | | | | | | |
| | ` | Vehicle | | | | | l C4 | Country of la | 2112222 | | |
| | License Plate Number KZ6377 | | | , , , | Plate Type LTK - LIGHT TRUCK | | St WI | St Country of Issuance WI UNITED STATES | | | |
| | | Vehicle Identification Nu | | Make | | Year | Model | | | | |
| 5 | 01 | 3GTU2UEC3FG4117 | GENERA | | | 2015 | 15 SIERRA K15 | | | | |
| | | Color | | Body Style | | | Bus Use NOT A BUS | | | | |
| | 111 | GRN - GREEN Initial Contact Point | | PK - PICKUP Vehicle Damage | | | | | | | |
| - | 2RIGHT SIDE FRONT | | | | | | | | | | |
| Ž | Extent Of Damage | | | | 2RIGHT SIDE FRONT, 3RIGHT SIDE MIDDLE, 4RIGHT SIDE REAR, 5 RIGHT REAR CORNER | | | | | SIDE REAR, 5 | |
| | FUNCTIONAL DAMAGE | | | | MOTT INDIA COMMEN | | | | | | |

Crash Time 10:10 AM

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| | Towed Due To Damage | | | Vehicle Removed By | | | | | | |
|----|-------------------------|--|-----------------|-------------------------------|---|--------------------|--|--|--|--|
| | | NOT TOWED | | OPERATOR Valida Fastara | | | | | | |
| | | What Driver Was Doing LEFT TURN | | Vehicle Factors | | | | | | |
| | | | | | T APPLICABLE | | | | | |
| | | | | | | | | | | |
| | | Driver Actions | | 1 | | | | | | |
| . | Щ | SPEED TOO FAS | T/COND | | | | | | | |
| | ᄓ | | | | | | | | | |
| 5 | VEHICL | | | | | | | | | |
| | > | | | | | | | | | |
| | | Driver Distractions | | | | | | | | |
| | | NOT DISTRACTED | | | | | | | | |
| | | | | | | | | | | |
| 2 | 01 | | | | | | | | | |
| ٥ | 0 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | | | Owner Address | | | | | |
| | | TIMOTHY J GREENWOOD | | | E6448 LONGVIEW DR | | | | | |
| | | (608) 220-8181 | | LYNDON STATION, WI 53944 , US | | | | | | |
| | | | | | | | | | | |
| | • | Sequence Of Events | | | | | | | | |
| | 0 | Event LEFT TURN | | | | | | | | |
| | ~ 1 | Event | | | | | | | | |
| | 02 | DITCH | | | | | | | | |
| | Event TRAFFIC SIGN POST | | | | | | | | | |
| | | Event | | | | | | | | |
| | 04 | | | | | | | | | |
| ⊨ا | ı | Policy Holder | | | | | | | | |
| | | Insurance Company | | | ndividual | | | | | |
| | | GEICO-GENERAL-INS-CO | | | TIMOTHY GREENWOOD | | | | | |
| | ļ | ndividual | | | | | | | | |
| | | Driver TIMOTHY J GREENWOOD (608) 220-8181 | | | Citations Issued | Sex MALE | | | | |
| | AL | | | 0 | Pate of Birth | Race | | | | |
| L١ | INDIVIDUA | | | | Pate of Birth | WHITE | | | | |
| | Ξ | Address | | | Oriver License Number | L | | | | |
| 7 | 9 | E6448 LONGVIEW DR | | | | | | | | |
| | = | LYNDON STATION, WI 53944 , US | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | | | | | | | | | |
| | | Equipment | On Duty Crash | 3 | Safety Equipment | | | | | |
| | | Seat Position | | SHOULDER & LAP BELT | | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use | | Helmet Compliance | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | Ī | Tint Compliance | | | | | |
| | _ | | Injury Severity | - 1 | xirbag | | | | | |
| 5 | 00 | Injury NO APPARENT INJURY | | NON DEPLOYED | | | | | | |
| | | Ejected | | E | jection Path | Trapped/Extricated | | | | |
| | | NOT EJECTED | | 1 | NOT EJECTED/NOT APPLICABL | NOT TRAPPED | | | | |

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

| | | Medical Transport | | | EMS Agency Identi | fier | EMS Run # | | | | |
|---------------|----------------|---|-----------------|--------------------------|--------------------------|-----------|----------------------|-------------------|--|--|--|
| | | NOT TRANSPORTED Hospital | | | Date of Death | | Time of Death | | | | |
| | | Tiospital | | | Date of Death | | Time of Boats | | | | |
| | | Non Motorist Striking Unit # Prior Action | | Prior Action | Location | | To/From School | | | | |
| | | Action | | | | | | | | | |
| | ᆛ | | | | | | | | | | |
| ⊨ | INDIVIDUAL | | | | | | | | | | |
| LINO | \equiv | | | | | | | | | | |
| | Ħ | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | | | | |
| | | Suspected Alcohol Use | | | Suspected Drug Use | | | | | | |
| | L | Drug & Alcohol NO | | | NO | | | | | | |
| | | Alcohol Test Given TEST NOT GIVE | N | | Alcohol Test Type | | Alcohol Test Results | | | | |
| | | Drug Test Given | | | Drug Test Type | | Drug Test Results | | | | |
| | | TEST NOT GIVE | N | | | | | | | | |
| 6 | 00 | Drug Type | | | | | | | | | |
| | | Individual Condition | <u> </u> | | | | | | | | |
| | | APPEARED NO | RMAI | | | | | | | | |
| | | | | | | | | | | | |
| | | roperty Owner | | | | | | | | | |
| 01 | | ernment VNSHIP OF WINF | IELD | | Address E6274 BASS RD | 50050 110 | | | | | |
| PROP OWNER | (608) 524-6654 | | | REEDSBURG, WI 53959 , US | | | | | | | |
| | Five | ed Objects Str | uck | | | | | | | | |
| | | | Struck Object | | | | Structure Number | Damage Tag Number | | | |
| | 2 | | RAFFIC SIGN POS | т | | | Oli delale Hallibel | Damage ray Number | | | |

Crash Time 10:10 AM

Wisconsin Motor Vehicle Crash Form DT4000