

6TL0B7D6QD
18-12823

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0B7D6QD

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|--|---|--|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 18-12823 | | Investigating Officer/Deputy DEPUTY A. SUKOWATEY | |
| Crash Date 11/17/2018 | | Crash Time 05:35 AM | | Date Arrived 11/17/2018 | | Time Arrived 06:31 AM | |
| Date Notified 11/17/2018 | | Time Notified 05:54 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 |
| | Additional Information NONE |

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

THE OPERATOR OF UNIT ONE WAS TRAVELING WESTBOUND ON COUNTY HIGHWAY N, NEGOTIATING A RIGHT HAND TURN IN THE ROADWAY. DUE TO THE SNOWY/ICY CONDITIONS HE LOST CONTROL OF THE MOTOR VEHICLE CAUSE HIM TO SLIDE OFF THE ROADWAY INTO A TELEPHONE POLE.

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Location

| | | |
|--|---------------------------------------|----------------------------------|
| ON CTHN WB 211 FT S OF PRIVATE CTH N SPUR SPUR RD IN THE TOWN OF FRANKLIN IN SAUK COUNTY | Latitude 43.298426562 | Longitude -90.073575 |
| | X Coordinate 250686.53125 | Y Coordinate 4798543.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|--|---|
| First Harmful Event UTILITY POLE | First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY) | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) SNOW, ICE | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) CLOUDY, SNOW | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - NOT 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 NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | |
|---|---|---|--|----------------------------|---|
| UNIT 01 | 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 0 | 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 UTILITY POLE | 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 CURVE RIGHT | Road Grade LEVEL | | |
| | Truck Bus or HazMat NO | | | | |
| | UNIT 01 VEHICLE 01 | Vehicle | | | |
| | | License Plate Number FD3887 | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| Vehicle Identification Number 2GCEK133081261379 | | Make CHEVROLET | Year 2008 | Model SILVERADO | |
| Color BLK - BLACK | | Body Style PK - PICKUP | Bus Use NOT A BUS | | |
| Initial Contact Point 12--FRONT | | Vehicle Damage | | | |
| Extent Of Damage MINOR DAMAGE | | 12--FRONT | | | |

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| | | | | |
|--|--|------------------------------|---|--|
| UNIT | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions SPEED TOO FAST/COND | | | |
| 01 | Driver Distractions NOT DISTRACTED | | | |
| | Owner Name KURT WILLIAM HELLENBRAND (608) 712-6154 | | Owner Address 410 LUKE LN DANE, WI 53529 , US | |
| Sequence Of Events | | | | |
| UNIT | 01 | Event DITCH | | |
| | 02 | Event UTILITY POLE | | |
| | 03 | Event | | |
| | 04 | Event | | |
| Policy Holder | | | | |
| UNIT | Insurance Company AMERICAN-FAMILY-INS-CO | | Individual KURT HELLENBRAND | |
| | Individual | | | |
| UNIT | Driver KURT WILLIAM HELLENBRAND (608) 712-6154 | | Citations Issued 0 | Sex MALE |
| | Address 410 LUKE LN DANE, WI 53529 , US | | Date of Birth [REDACTED] | Race WHITE |
| UNIT | Driver License Number [REDACTED] | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| | Equipment | | On Duty Crash | |
| UNIT | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | Safety Equipment SHOULDER & LAP BELT | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | 01 | Injury | | Airbag |
| Injury Severity NO APPARENT INJURY | | NON DEPLOYED | | |
| 001 | 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 APPEARED NORMAL | | | | |
| Property Owner | | | | | | |
| PROP OWNER | 01 | Organization/Company ALLIANT ENERGY | | | Address 4902 N BILTMORE MADISON, WI 53707 1077, US | |
| | | Fixed Objects Struck | | | | |
| 01 | 01 | Striking Unit | Struck Object | Structure Number | Damage Tag Number | |
| | | 01 | UTILITY POLE | | | |