6TL0BMQKV7

18-13304

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| 1 | ٢ | ١ | ſ | ٦ |
|---|---|---|---|---|
| | | | (| |

| | Document Number Override 6TL092T5MN | | Primary Crash D | Oocument # | Agency 18-133 | Crash Number 804 | 0 0 | Investigating Officer/Deputy DEPUTY J. KIRKENG | | | |
|-----------|-------------------------------------|-----------------------------|---------------------------|-------------|---|---------------------|--------------------------------------|--|---|--------------------|--|
| / / / | Crash Date 11/30/2018 | | Crash Time 01:00 AM | | Date Ar 11/30/2 | | Time Arrived 01:34 AM | | | | |
| באן בי | Date Notified 11/30/2018 | | Time Notified 01:08 AM | | Total Units Total Injured Total Kill 01 00 00 | | | | I | | |
| פֿ | On Emergency | mergency Hit and Run Lane C | | | ire | Work Zone | Trailer or Towed Reporting Threshold | | | | |
|) L | Government Property | | Active Sc | hool Zone | School Bus Related Tags NO | | Tags | | | | |
| | ✓ Reportable | | Crash Type DT4000 (STA | NDARD CRASH |) | | ✓ Amended | | | Secondary Crash | |

Description



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

UNIT 1 WAS TRAVELING S/B ON STH 23. UNIT 1 STRUCK A GUARDRAIL ON THE WEST SIDE OF THE ROADWAY, UNIT 1 THEN WENT DOWN INTO THE DITCH ROLLING AND STRIKING TREES.

IDENTIFIED OPERATOR

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

Crash Date 11/30/2018

Crash Time 01:00 AM

| ī | റ്റാ | ation | | | | | | | | | | |
|---|---|------------------------------|--------------------------------|-------------|----------------------------|--|--|--|-------------------------------|-----------------------------|------------|---------------|
| 0 | | | | | | | | Latitude 43.21287 | 8754 | | Longitud | de 6032474 |
| I | IN THE TOWN OF SPRING GREEN IN SAUK COUNTY | | | | | | 250137.2 | X Coordinate Y Coordinate 250137.296875 4789050 | | | | |
| | | | | | | | | NO STR | Type UCTURE | | | |
| C | ras | sh Scene | | | | | | | | | | |
| | First Harmful Event F | | | | | | First Harm | ıful Event Lo | ocation | | | |
| | GUARDRAIL END | | | | | | ON ROADWAY | | | | | |
| ٨ | | | | | | | Light Cond | dition | | | | |
| | NO COLLISION W/VEHICLE IN TRANSPORT | | | | | DARK/U Roadway | NLIT | | | | | |
| | | Surface Condition(s) | | | | | | Roadway | racior(s) | | | |
| | DRY | | | | | | | | | | | |
| | :nvir ION | onment Factor(s) | | | | | | NONE | | | | |
| | Voot | har Candition(a) | | | | | | | | | | |
| | Veather Condition(s) CLOUDY | | | | | | | | | | | |
| | Animal Type | | | | | | Relation T | o Trafficwa | / | | | |
| | | | | | | | | TRAFFICWAY - ON ROAD | | | | |
| | Crash Classification - Location PUBLIC PROPERTY | | | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | | |
| T | ribal | Land | | | | | | Access Control Special Study | | | | |
| | | | | | | | | NO CONTROL | | | | |
| | Vithir IO | n Interchange Area | Junction Location NON-JUNCTION | | | | tersection | on Type I INTERSECTION | | | | |
| | | ire Type E CLOSURE | | | Reasons for Closure | | | | | | | |
| | | Initial Lane/Rd Closed | Time Initial Lane/Rd Closed | | L AW ENFORCEM | | | | EMENT, TOW TRUCK, FIRE/EMS | | | |
| 1 | 1/3 | 0/2018 | 01:34 AM | | | | | | | | | |
| | | All Lanes Open 0/2018 | Time All Lanes Open 04:00 AM | | | | | ed | d Time Scene Cleared 04:00 AM | | | |
| _ | | | 04.00 AIII | | | | | IVV AITI | | | | |
| | | Summary = | | 1 // - I- ! | -l- O | 4 | : A - OI | !6!4! | | Lucy = | | |
| H | Unit Status Vehicle (HIT AND RUN D CLAS | | | | | | ing as Ci | Classification Unit Type TRUCK | | | | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | | | | | | Operating A | s Endorser | nents |
| _ | | Occs | Train/Bus # Injured | Tota | otal # Citations Issued | | | | Total Trail | ers | Total Haz | Mat Types |
| 1 | | | | 1 | | | | 0 | | 0 | | |
| | nsura ′ES | ance? | Direction Of Travel SOUTHBOUND | | | | ashTire ark | Speed Lim | | it Total Lanes | | es |
| | Most Harmful Event: Collision With Spe | | | | cial Fun | ctio | n | T ION! | 00 | Emergency Motor Vehicle Use | | |
| | DOARDRAIL LIED | | | | | | _ FUNC | TION | | NOT APP | | |
| | | | | | | c Control Traffic Control Inoperative/Missing CONTROL NO | | | | tive/iviissing | | |
| | Surface Type | | | | Road Curvature CURVE LEFT | | | | | Road Grade | | |
| | | CRETE Bus or HazMat | | CUI | VE LI | ch | 1 | | | DOWNHIL | .L | |
| ١ | 10 | | | | | | | | | | | |
| | V | /ehicle License Plate Number | | Dia | te Type | | | | St Country of Issuance | | | |
| | | | | | | | T TRUC | ĸ | WI | UNITED STATES | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| _ | 1 | Vehicle Identification Number | Make | Year | Model | | | | | |
|----------|------------|---------------------------------------|--|-----------|--------------|--|--|--|--|--|
| 2 | 01 | 1FTBF2B61BEA15598 | FORD | 2011 | F250 SUPER | | | | | |
| | | Color | Body Style | Bus Use | | | | | | |
| | | | PK - PICKUP NOT A BUS | | | | | | | |
| | ш | Initial Contact Point | Vehicle Damage | | | | | | | |
| \vdash | | 12FRONT | . S | | | | | | | |
| LINO | = | | ALL AREAS | | | | | | | |
| - | VEHICL | 3 | ALL ANLAS | | | | | | | |
| | > | DISABLING DAMAGE | | | | | | | | |
| | | | Vehicle Removed By | | | | | | | |
| | | | GEORGES AUTO BODY | | | | | | | |
| | | 3 | Vehicle Factors | | | | | | | |
| | | NEGOTIATING CURVE | | | | | | | | |
| | | Driver Prior Action Other | UNKNOWN | | | | | | | |
| | | | | | | | | | | |
| | | Driver Actions | | | | | | | | |
| | Ш | UNKNOWN | | | | | | | | |
| ╘ | 5 | | | | | | | | | |
| LINO | Ĭ | | | | | | | | | |
| – | VEHICL | | | | | | | | | |
| | > | | | | | | | | | |
| | | Driver Dietrestiene | | | | | | | | |
| | | UNKNOWN IF DISTRACTED | Driver Distractions LINKNOWN IF DISTRACTED | | | | | | | |
| | | UNINOWN IF DISTRACTED | | | | | | | | |
| | | | | | | | | | | |
| 2 | 01 | | | | | | | | | |
| 0 | 0 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | Owner Address | | | | | | | |
| | | KMS EXCAVATING LLS | 252 FOX RUN | | | | | | | |
| | | (608) 643-0748 | SAUK CITY, WI 53583, | | | | | | | |
| | | | | | | | | | | |
| | | Samuanas Of Frants | | | | | | | | |
| | | Sequence Of Events | | | | | | | | |
| | 01 | Event RUN OFF ROADWAY RIGHT | | | | | | | | |
| |) | | | | | | | | | |
| | 02 | Event GUARDRAIL END | | | | | | | | |
| | 0 | GOARDRAIL END | | | | | | | | |
| | 3 | Event | | | | | | | | |
| | 03 | DITCH | | | | | | | | |
| | _ | Event | | | | | | | | |
| | 04 | TREE | | | | | | | | |
| | | Policy Holder | | | | | | | | |
| | | Policy Holder | | | | | | | | |
| 3 | | Insurance Company | Organization/Company | | | | | | | |
| | | ACUITY,-A-MUTUAL-INSURANCE-CO | KMS EXCAVATING LLS | | | | | | | |
| | | Individual | | | | | | | | |
| | | Driver | Citations Issued | | Sex | | | | | |
| | | JOSHUA A TAFS | 1 | | MALE | | | | | |
| | ΑI | (608) 459-0555 | Date of Birth | | Race | | | | | |
| | J | | Date of Birtin | | WHITE | | | | | |
| | INDIVIDUAL | Address | Driver License Number | | | | | | | |
| 5 | | 247 LINS CT | Driver License Number | | | | | | | |
| | Z | SPRING GREEN, WI 53588 , US | STATE: WISCONSIN COL | INTRY: UN | NITED STATES | | | | | |
| | | ,, | | - | | | | | | |
| | | | | | | | | | | |
| | | On Duty Crash | Safety Equipment | | | | | | | |
| | | Equipment | | | | | | | | |
| | | Seat Position | RESTRAINT USE UNKNOWN | | | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | | | | | | |

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Crash Date 11/30/2018

Crash Time 01:00 AM

| | | Helmet Use | | | | Helmet Compliance | | | | | | | |
|-----------------------|------------------------------------|-----------------------------------|-------------------------|---------|-----------------------------|-----------------------|-------------------------------------|-----------------------------|-----------------------|---------------------------|--|--|--|
| | | Eye Protection | | | | Tint Compliance | | | | | | | |
| | Lyo i iococción | | | | | | u00 | | | | | | |
| 2 | Injury Severity NO APPARENT INJURY | | | | | Airbag NOT APPLICABLE | | | | | | | |
| Ejected Ejection Path | | | | | | | | Trapped/Extricated | | | | | |
| | | NOT APPLICA | | | | | | NOT APPLICABL | NOT APPLICABLE | | | | |
| | | Medical Transport NOT TRANSPORTED | | | | EMS Agend | y Identi | fier | EMS Run # | EMS Run # | | | |
| | Hospital | | | | | Date of Dea | ath | | Time of Death | | | | |
| | | | | | | | | | | | | | |
| | | Non Motoris | t Striking Unit # | | Prior Action | | | Location | | To/From School | | | |
| | | Action | | | | | | I | | | | | |
| | ٦ | | | | | | | | | | | | |
| ᆈ | INDIVIDUAL | | | | | | | | | | | | |
| | /ID | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| | Z | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Action Other | | | | | | | | | | | |
| | E | Prug & Alcoh | Suspected Alco | ohol Us | se | Suspected Drug Use | | | | | | | |
| | _ | Alcohol Test Give | | | | Alcohol Tes | ohol Test Type Alcohol Test Results | | | | | | |
| | | TEST NOT GIV | | | | , | | | 7 HOOFIGI FOOT ROOMIG | | | | |
| | | Drug Test Given TEST NOT GIV | EN | | | Drug Test Type | | | Drug Test Results | | | | |
| 5 | 001 | Drug Type | | | | | | | | | | | |
| | 0 | | | | | | | | | | | | |
| | | Individual Condition | on | | | | | | | | | | |
| | | NOT OBSERVE | ED | | | | | | | | | | |
| | · | Violations | | | | | | | | | | | |
| | 01 | UTC Number BB339987 | Issue To? 001 | | ute Number .89(1) | Seq Num 001 | Descri INAT | iption TENTIVE DRIVING | | | | | |
| i | | perty Owne | r | | | | | | | | | | |
| | | ernment JK COUNTY HW | | | | Address 620 STH 13 | 6 | | | | | | |
| | | 356-3855 | I DEI I | | | PO BOX 26 | | | | | | | |
| PROP OWNER | B/ | | | | | | BARABOO, WI 53913 , US | | | | | | |
| | Fixe | ed Objects St | ruck | | | • | | | | | | | |
| | 5 | Striking Unit 01 | | | | | | Damage Tag Number 337638 | | | | | |
| | 05 | Striking Unit 01 | Struck Object DITCH | | | | | | | Damage Tag Number 0000 | | | |
| | Striking Unit Object TREE | | | | | | | | | Damage Tag Number 0000 | | | |