#### 6TL096J8XW

19-00271

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #					ing Officer/Deputy 7 J. SOLCHENBERGER			
Š	Crash Date 01/06/2019	Crash Time 10:25 PM		Date A 01/06/		Time Arrived	Time Arrived 10:55 PM			
(8L	Date Notified 01/06/2019	Time Notified 10:29 PM		Total U <b>01</b>	Inits	Total Injured	Total Injured Total K 00 00		illed	
6TL096J8XW	On Emergency	it and Run		ure	Work Zone	Trailer or Tow		wed	ved Reporting Threshold	
6TL	Government Property	Active So	chool Zone	School NO	Bus Related	Tags				
	Reportable	Crash Type DT4000 (STA	NDARD CRASI	H)		Amend	ed		Secondary Crash	
	Description	- -								
	Diagram						Recons	istruction	Ву	
	no	ot scale			and the function of the first		Photos	s By		
	S Delighted	Detris Relight Ro untrit 1 Good		いたからたち、いうないのか			Additio <b>NONE</b>	onal Infor E	mation	
	▼ I, a sworn law enforceme									
	UNIT 1 WAS DRIVING UP DEVILS	S DELIGHT RD	WHEN IT SERVED	D TO MIS	SED A DEER AND STRU	JCK A TREE.				

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L	_OC	ation								
Ē		DEVILS DELIGHT R	D			Latitude			Longitud	le
	0.31 MI N					43.409409429			0	810503
	OF CTHDL NB IN THE TOWN OF MERRIMAC IN SAUK COUNTY					X Coordina	ate		Y Coord	inate
						285453.46875			480969	1.5
						Structure Type				
	<b>`</b> ra	sh Scene 💻								
T		Harmful Event				First Harm	ful Event I	opation		
	TRE					SHOULD				
-		er of Collision				Light Cond	-	••		
	NO	COLLISION W/VEHI	CLE IN TRANSPORT			DARK/U				
ŀ	Road	Surface Condition(s)				Roadway	Factor(s)			
	WE	г								
F	Envir	onment Factor(s)								
	WE/	ATHER CONDITIONS	3			NONE				
Ē	Wea	ther Condition(s)								
	RAI									
ſ	Anim	al Type				Relation T				
-	Crash Classification - Location					TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction				
								RISDICTION		
F	Tribal Land       Within Interchange Area       NO					Access Control Special Study NO CONTROL			Special Study	
					Intersection Typ NOT AN INTE			INTERSECTION		
l	Jnit	Summary								
T		Status		Vehicle Ope	erating As C	lassification		Unit Type		
	IN T	RANSIT	D CLASS	D CLASS			AUTOMO	BILE		
; [							Operating As Endorsements			
' -	-	Occs	Train/Bus # Recorded	Total # Cita	Total Traile		ilors	Total Haz	Mat Types	
	<b>2</b>	Occs	Trail#Bus # Recorded	10tai # Cita 2	0			0	inat Types	
F	Insur	ance?	Direction Of Travel	Pre CrashTire		e Speed Lim		mit	Total Lan	es
	YES	i	NORTHBOUND		45		2			
-		Harmful Event: Collision		Special Function			Emergency Motor Vehicle Use NOT APPLICABLE			
					NO SPECIAL FUNCTION					
					Traffic Control <b>NO CONTROL</b>			Traffic Control Inoperative/Missing NO		
		ace Type		Road Curvature			Road Grade			
		CKTOP (BITUMINO							UPHILL	
ŀ		K Bus or HazMat	,							
	NO									
		/ehicle					01			
		License Plate Number		Plate Type AUT - AUTOMOBIL		LE WI		Country of Issuance UNITED STATES		
	448VTM Vehicle Identification Number			Make		. <b>C</b>	Year			
	01	2LMDJ8JK3BBJ16	LINCOLN Body Style		2011		Model MKX AWD Bus Use NOT A BUS			
		Color								
- 1		BLK - BLACK	UT - SPC	UT - SPORT UTILITY VEHICLE						
					Vehicle Damage					
	Щ	Initial Contact Point		Vehicle Da	mage					
	EHICLE	Initial Contact Point 1RIGHT FRONT C Extent Of Damage	ORNER		-		2DIGUT		IT 3DIC	HT SIDE MIDDLE

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		Towed Due To Damage		Veł	nicle Removed By				
		TOWED BUT NOT DUE	TO DISABLING DAMAG	BL	YSTONES TOWING				
		What Driver Was Doing		Veł	nicle Factors				
		NEGOTIATING CURVE							
		Driver Prior Action Other		NC	OT APPLICABLE				
		Driver Actions							
	Щ	FAILURE TO CONTRO	L						
UNIT	VEHICLE								
5	H								
	VE								
		Owner Name			Owner Address				
2	01	TYLER T KRATOCHWI (608) 535-0878	LL		S7572 OAK RD MERRIMAC, WI 53561 ,US				
0	0								
		Sequence Of Event	S						
	01	Event TREE							
		Event							
	02	LVent							
	~	Event							
	03								
	4	Event							
	04								
⊢	I	Policy Holder							
UNIT		Insurance Company			ndividual				
		INTEGRITY-MUTUAL-INS-CO		TYLER KRATOCHWILL					
		Individual							
	1	Driver SARA RENEE CATTERSON		0	Sex				
	_			C	)2	FEMALE			
	NDIVIDUA	(618) 712-5571		[	Date of Birth	Race			
F	D					WHITE			
UNIT	N	Address			Driver License Number				
_	N	718 4TH AVE BARABOO, WI 53913,	US	5	STATE: WISCONSIN COUNTRY: UN	IITED STATES			
	_	,							
			uty Crash						
	Saf	fety Equipment		2	Safety Equipment				
	l	Seat Position		-	SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance					
		Eye Protection			Tint Compliance				
0	001			Airbag					
U	0		APPARENT INJURY Ejection Path	ſ		Trapped/Extricated			
		Ejected NOT EJECTED	NOT EJECTED/NOT AP			NOT TRAPPED			
		Molical Transport			EMS Agency Identifier	EMS Run #			
				-					
	Hospital				Date of Death	Time of Death			
		Distracted Bu	acted By Source						
			ER DISTRACTION (ANIMA	L, FC	DOD, GROOMING)				
		Distracted By Action UNKNOWN							

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist	iking Unit #	Location							
		Prior Action									
ĺ		Action									
	_										
	NA										
UNIT	<u>j</u>										
	INDIVIDUAL										
	Z										
		Action Other						To/From School			
		Su	spected Alcohol L	lse	Suspected Drug Use						
	L	Drug & Alcohol Ye	ES		YES						
		Alcohol Test Given		Alcohol Test Type	}		Alcohol Test Results				
		TEST GIVEN		BLOOD Drug Test Type			PENDING				
		Drug Test Given TEST GIVEN		BLOOD		Drug Test Results PENDING					
-	Ξ	Drug Type									
6	001										
		Individual Condition									
		UNDER THE INFLUE		ATIONS/DRUGS							
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	l	Individual									
		Passenger TYLER T KRATOCHWILL (608) 535-0878			Citations Issued		Sex MALE				
	IAL				Date of Birth		Race				
E	Ъ						WHITE				
UNIT	INDIVIDUAL	Address S7572 OAK RD			Driver License Number						
	Z	MERRIMAC, WI 5356	1 , US		STATE: WISCONSI	N COUNTRY: UN	IITED STATES				
	Sat	fety Equipment	Duty Crash		Safety Equipment SHOULDER & LAP BELT						
	• • • •	Seat Position									
		3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER									
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
5	Injury Severity         Airbag           Injury         NO APPARENT INJURY         NON DEPLOYED										
Ŭ	0	Ejected	Ejection Pa		NON DEPLOYED		Trapped/Extricated				
		NOT EJECTED		CTED/NOT APPL	LICABLE		NOT TRAPPED				
	Medical Transport NOT TRANSPORTED Hospital				EMS Agency Identifier EMS Run #			ł			
					Date of Death Time of Death						
		Tiospital			Date of Death		Time of Death				
		Distracted By Source									
		Distracted By Action									
		DISTINCTED BY ACTION									
I		Non Motorial Str	iking Unit #	Location							
		Non Motorist									

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		Prior Action								
		Action								
	AL									
F	N									
UNIT	Ĭ									
	INDIVIDUAL									
	Z									
		Action Other						To/From School		
			Cusposted Ales	halllan	Supported Drug Llos					
		Drug & Alcohol	Suspected Alco	noi Use	Suspected Drug Use					
	-									
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN		Drug Test Type		Dava Ta at Da avilta				
		Drug Test Given TEST NOT GIVEN		Drug rest type		Drug Test Results				
	~	Drug Type								
0	002									
	U									
		Individual Condition								
		APPEARED NORMAL, UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL								
		APPEARED NORN	MAL, UNDER	THE INFLUENCE OF	MEDICATIONS/DRUG	35/ ALCOHOL				
	,	Violations								
		UTC Number	Issue To?	Statute Number	Description					
	6	BB954514	001	346.63(1)(a)	OPERATING WHILE	UNDER THE IN	FLUENCE(3RD)			
		UTC Number	Issue To?	Statute Number	Description					
	02	BB954515	001	347.413(1)	IID TAMPERING/FAI	L TO INSTALL/V	IOLATE COURT ORI	DER		
			I	1	1					