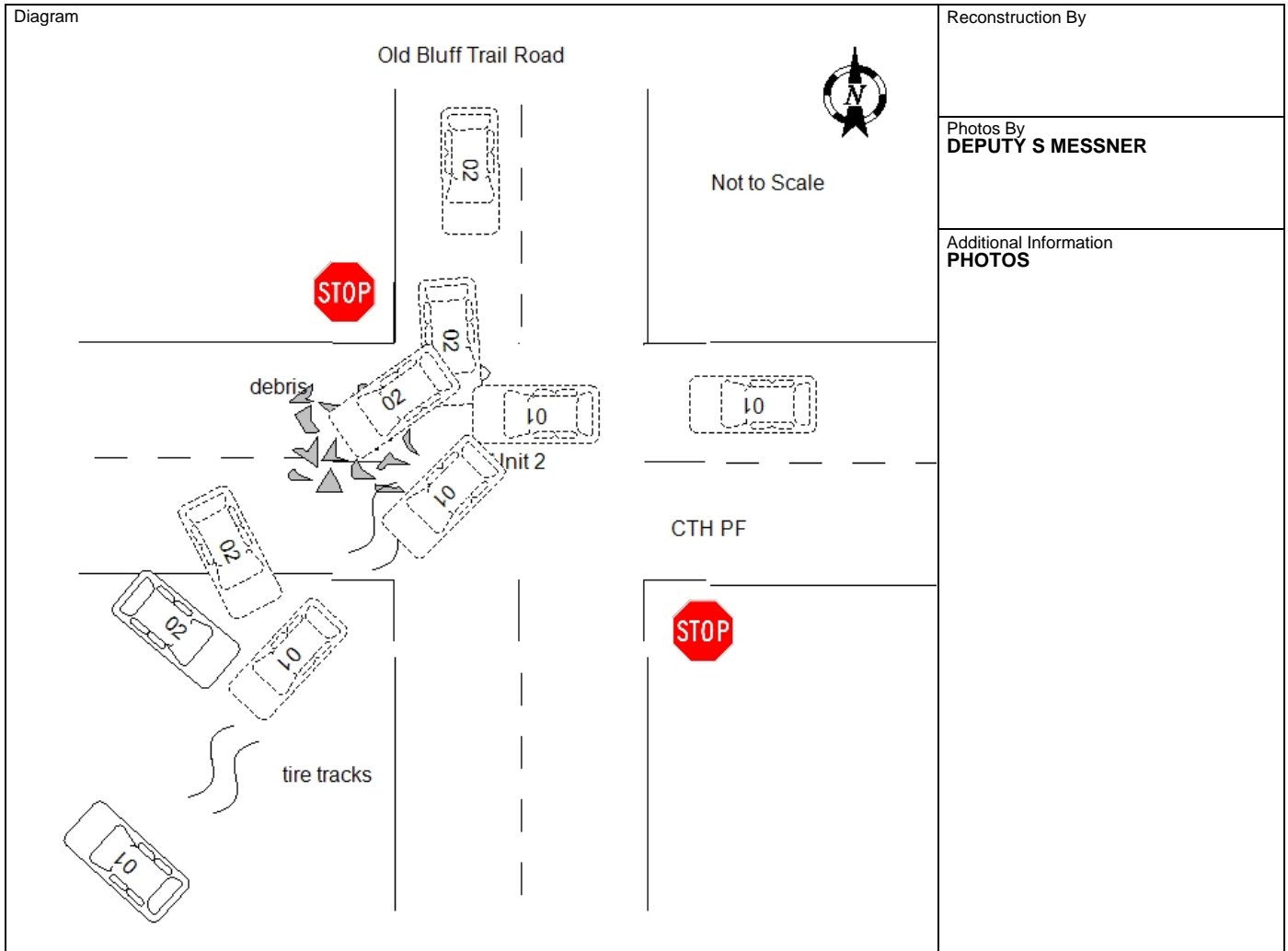


WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL09H5JP3

Document Number Override		Primary Crash Document #		Agency Crash Number 19-00297		Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 01/07/2019		Crash Time 06:35 PM		Date Arrived 01/07/2019		Time Arrived 06:40 PM	
Date Notified 01/07/2019		Time Notified 06:35 PM		Total Units 02		Total Injured 04	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description



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

UNIT 1, DRIVEN BY PAUL GANSHERT, WAS WESTBOUND ON CTH PF. UNIT 2, DRIVEN BY LEE UNDERWOOD, WAS SOUTHBOUND ON OLD BLUFF TRAIL ROAD. UNIT 2 FAILED TO YIELD RIGHT AWAY BY FAILING TO STOP AT THE STOP SIGN. UNIT 2 STRUCK UNIT 1 IN THE INTERSECTION OF OLD BLUFF TRAIL ROAD AND CTH PF. UNIT 2 WENT INTO THE SOUTHBOUND DITCH, COMING TO A REST, FACING SOUTHEAST. THERE WAS TOTALING DAMAGE TO THE VEHICLE. THE DRIVER WAS EXTRICATED FROM THE VEHICLE WITH SERIOUS INJURIES AND TRANSPORTED TO UW HOSPITAL. BOTH PASSENGERS ZACHARY EASON AND LEAH UNDERWOOD WERE IN THE BACKSEAT. LEAH WAS NOT WEARING A SEATBELT. BOTH PASSENGERS HAD SERIOUS INJURIES AND TRANSPORTED TO SAUK PRAIRIE HOSPITAL. AFTER BEING STRUCK BY UNIT 2, UNIT 1 CAME TO REST OFF THE ROADWAY ON THE WESTBOUND LANE. THE DRIVER OF UNIT 1 WAS TRANSPORTED TO PRAIRIE HOSPITAL AND MED-FLIGHTED TO UW HOSPITAL WITH BROKEN LEG AND ARM. PHOTOGRAPHS WERE TAKEN OF THE SCENE.

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19-00297

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

INTERSECTION ON OLD BLUFF TRL AT CTHPF SB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.292910643	Longitude -89.77885761
	X Coordinate 274573.375	Y Coordinate 4797093
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ROADSIDE	
Manner of Collision 08--FRONT TO SIDE	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION
Closure Type FULL CLOSURE	Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 01/07/2019	Time Initial Lane/Rd Closed 06:40 PM	
Date All Lanes Open 01/07/2019	Time All Lanes Open 09:50 PM	Date Scene Cleared 01/07/2019
		Time Scene Cleared 09:50 PM

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	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 STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				
01	Vehicle				
	License Plate Number 950VBR	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
01	Vehicle Identification Number JTKKB20U07757548	Make TOYOTA	Year 2007	Model PRIUS	

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19-00297

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
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UNIT VEHICLE	Color BLK - BLACK		Body Style 4D - 4DR	Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT		Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT		
	Extent Of Damage DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Factors NOT APPLICABLE		
	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other		
	Driver Actions NO CONTRIBUTING ACTION				
UNIT VEHICLE	Owner Name PAUL J GANSHERT (608) 370-2146	Owner Address S8219 DALE RD LOGANVILLE, WI 53943 , US			
	Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT			
	02	Event RUN OFF ROADWAY LEFT			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company DONEGAL-MUTUAL-INS-CO		Individual PAUL GANSHERT		
UNIT INDIVIDUAL	Individual				
	Driver PAUL J GANSHERT (608) 370-2146		Citations Issued 0	Sex MALE	
	Address S8219 DALE RD LOGANVILLE, WI 53943 , US		Date of Birth	Race WHITE	
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT	Safety Equipment		On Duty Crash		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-COMBINATION	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND		EMS Agency Identifier 6000555	EMS Run # 1901029		

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19-00297

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Form with multiple sections: UNIT VEHICLE, UNIT VEHICLE, UNIT VEHICLE, Sequence Of Events, Policy Holder, Individual, Safety Equipment, Injury, and medical information. Includes fields for driver name (LEE STANLEY UNDERWOOD), address, insurance, and crash details.

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN	
	Non Motorist	Striking Unit # Location
	Prior Action	
	Action	
	Action Other To/From School	
	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		
UNIT	Individual	
	Passenger LEAH MARIE UNDERWOOD (608) 739-1566	Citations Issued 0 Sex FEMALE
		Date of Birth Race WHITE
	Address 234 N 2ND ST MUSCODA, WI 53573 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment	On Duty Crash Safety Equipment
	Seat Position 6--SECOND SEAT-RIGHT SIDE	NONE USED - VEHICLE OCCUPANT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	Injury Severity SUSPECTED SERIOUS INJUR Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND	EMS Agency Identifier 6000555 EMS Run # 1901028	
Hospital SAUK PRAIRIE HOSP	Date of Death Time of Death	
Distracted By	Distracted By Source	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By Action								
	Non Motorist	Striking Unit #	Location						
		Prior Action							
	INDIVIDUAL	Action							
		Action Other		To/From School					
		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							
UNIT		INDIVIDUAL	Individual						
			Passenger ZACHARY ADAM EASON (770) 634-1431	Citations Issued 0	Sex MALE				
				Date of Birth	Race WHITE				
	Address 206 W DEAN AVE MONONA, WI 53716 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT					
			Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI						
			Helmet Use	Helmet Compliance					
			Eye Protection	Tint Compliance					
	UNIT		INDIVIDUAL	02	003	004	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag NON DEPLOYED
								Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
Medical Transport EMS GROUND		EMS Agency Identifier 6000555					EMS Run # 1901030		
Hospital SAUK PRAIRIE HOSP		Date of Death					Time of Death		
Distracted By		Distracted By Source							
		Distracted By Action							

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location			
		Prior Action						
		Action						
	Action Other					To/From School		
	02	004	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					
	03	01	Violations					
UTC Number AI389037			Issue To? 002	Statute Number 346.46(1)	Description FAIL/STOP AT STOP SIGN			
UTC Number AI389038			Issue To? 002	Statute Number 347.48(2m)(c)	Description OPERATOR FAIL/HAVE PASSENGER/SEATBELTED			
		UTC Number BB340002	Issue To? 002	Statute Number 346.62(2)	Description RECKLESS DRIVING-ENDANGER SAFETY			