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19-00787

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

ON STH113 SB 0.56 MI N OF SOLUM LN IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude <b>43.426467201</b>	Longitude <b>-89.68768878</b>
	X Coordinate <b>282447.59375</b>	Y Coordinate <b>4811684</b>
	Structure Type	

Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>ABD5664</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>JTHCF5C24A5040462</b>	Make <b>LEXUS</b>	Year <b>2010</b>	Model <b>IS</b>
		Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
Extent Of Damage <b>NO DAMAGE</b>	<b>NO DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>CRAIGS TOWING</b>		
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>RAN OFF ROADWAY</b>				
01	01	Owner Name <b>JOSEPH MICHAEL MCWILLIAMS (617) 835-7914</b>		Owner Address <b>S7758 EAGLE POINT DR MERRIMAC, WI 53561 , US</b>	
<b>Sequence Of Events</b>					
	01	Event <b>DITCH</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>GEICO-CASUALTY-CO</b>		Individual <b>JOSEPH MCWILLIAMS</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>JOSEPH MICHAEL MCWILLIAMS (617) 835-7914</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>	
	Address <b>S7758 EAGLE POINT DR MERRIMAC, WI 53561 , US</b>		Date of Birth	Race <b>WHITE</b>	
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash		
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	01	001	<b>Injury</b>		Airbag
			Injury Severity <b>NO APPARENT INJURY</b>	<b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source			
Distracted By Action <b>UNKNOWN</b>					

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<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>YES</b>		
	Alcohol Test Given <b>TEST REFUSED</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST REFUSED</b>		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition <b>PHYSICALLY IMPAIRED</b>					
	<b>Violations</b>					
<b>01</b>	<b>001</b>	<b>02</b>				
		UTC Number <b>AD978935</b>	Issue To? <b>001</b>	Statute Number <b>346.63(1)(a)</b>	Description <b>OPERATING WHILE UNDER THE INFLUENCE</b>	
<b>Property Owner</b>						
<b>PROP OWNER</b>	<b>01</b>	Government <b>TOWNSHIP OF GREENFIELD</b> (608) 355-3040			Address <b>S4285 MANMOUND RD</b> <b>BARABOO, WI 53913 , US</b>	
		<b>Fixed Objects Struck</b>				
<b>01</b>	<b>01</b>	Striking Unit	Struck Object		Structure Number	Damage Tag Number
		<b>01</b>	<b>DITCH</b>			