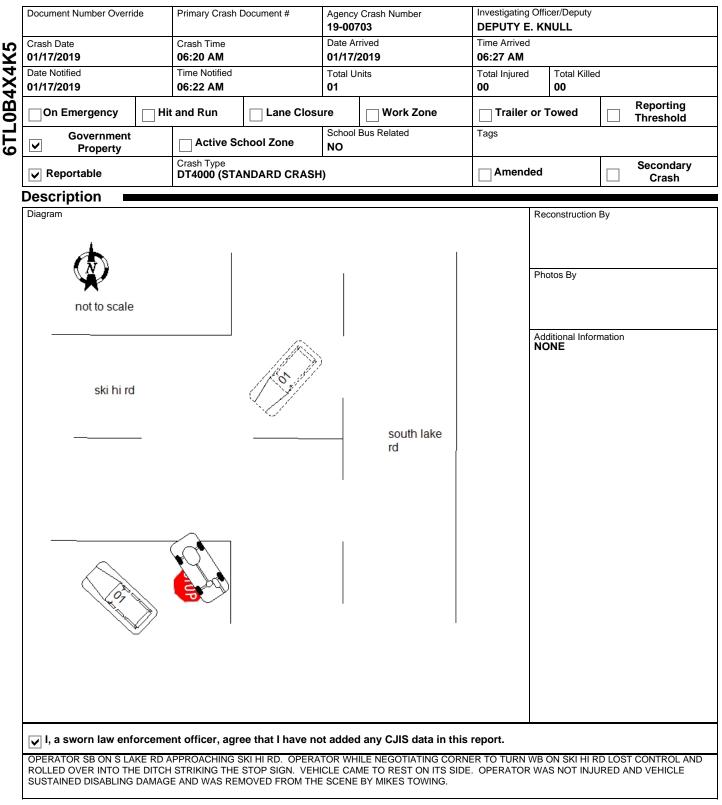
## 6TL0B4X4K5

19-00703

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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



19-00703

2

YES

# WISCONSIN MOTOR VEHICLE **CRASH REPORT**

### SAUK COUNTY SHERIFFS DEPARTMEN **1300 LANGE COURT BARABOO, WI 53913**

|   |                                      |                           |              |                                      |                         |        |            | (608) 356-489 |
|---|--------------------------------------|---------------------------|--------------|--------------------------------------|-------------------------|--------|------------|---------------|
| Location  |                                      |                           |              |                                      |                         |        |            |               |
| ON SKIHI RD   | l                                    | Latitude                  |              |                                      | Longitu                 | de     |            |               |
| 53 FT W   | 4                                    | 43.420065976              |              | -89.748                              | 3812792                 |        |            |               |
| OF S SHORE RD<br>IN THE TOWN OF BAR                   | )                                    | X Coordinate Y Coordinate |              |                                      | dinate                  |        |            |               |
| IN THE TOWN OF BAR                                    | 1                                    | 277476.281                | 25           |                                      | 48111                   | 34.5   |            |               |
|   | Structure Type                       |                           |              |                                      |                         |        |            |               |
|   |                                      | NO STRUCTURE              |              |                                      |                         |        |            |               |
| Crash Scene   |                                      |                           |              |                                      |                         |        |            |               |
| First Harmful Event                                   |                                      |                           | I            | First Harmful                        | Event Lo                | cation |            |               |
| TRAFFIC SIGN POST                                     |                                      |                           | 1            | ROADSIDE                             |                         |        |            |               |
| Manner of Collision                                   |                                      |                           | l            | Light Conditio                       | n                       |        |            |               |
| NO COLLISION W/VEH                                    | ICLE IN TRANSPORT                    |                           | 1            | DARK/UNL                             | IT                      |        |            |               |
| Road Surface Condition(s)                             |                                      |                           | I            | Roadway Fac                          | tor(s)                  |        |            |               |
| DRY   |                                      |                           |              |                                      |                         |        |            |               |
| Environment Factor(s)                                 |                                      |                           |              | NONE                                 |                         |        |            |               |
| NONE  |                                      |                           | 1            |                                      |                         |        |            |               |
| Weather Condition(s)                                  |                                      |                           |              |                                      |                         |        |            |               |
| CLOUDY  |                                      |                           |              |                                      |                         |        |            |               |
| Animal Type   |                                      |                           | 1            | Relation To Trafficway               |                         |        |            |               |
|   |                                      |                           | -            | TRAFFICWAY - NOT ON ROAD             |                         |        |            |               |
| Crash Classification - Locat                          | ion                                  |                           | (            | Crash Classification - Jurisdiction  |                         |        |            |               |
| PUBLIC PROPERTY                                       |                                      |                           | 1            | NO SPECIAL JURISDICTION              |                         |        |            |               |
| Tribal Land   |                                      |                           | 1            | Access Control Special Study         |                         |        |            | Special Study |
|   |                                      |                           |              | NO CONTR                             | OL                      |        |            |               |
| Within Interchange Area                               | Junction Location                    |                           | Intersection |                                      |                         |        |            |               |
| NO  | INTERSECTION                         |                           | T-INTERS     | RSECTION                             |                         |        |            |               |
| Unit Summary  |                                      |                           |              |                                      |                         |        |            |               |
| Unit Status Vehicle Operating As C                    |                                      |                           |              |                                      |                         |        |            |               |
| IN TRANSIT D CLASS                                    |                                      |                           |              |                                      | AUTOMOBILE              |        |            |               |
| Vehicle Type  |                                      |                           |              | Operating                            | As Endorse              | ments  |            |               |
| PASSENGER VAN   |                                      |                           |              |                                      |                         |        |            |               |
| Total Occs Train/Bus # Recorded Total # Citations Iss |                                      |                           |              | ed Total Trailers Total HazMat Types |                         |        | zMat Types |               |
| 1 0   |                                      |                           |              | 0 0                                  |                         |        |            |               |
| Insurance?  | e? Direction Of Travel Pre CrashTire |                           |              | Sp                                   | Speed Limit Total Lanes |        |            | ies           |

| F    | YES  | 6                           | SOUTHBOUND |  | Mark      | 35   |   | 2     |  |  |
|------|--|-----------------------------|------------|--|-----------|------|---|-------|--|--|
| UNIT | Most Harmful Event: Collision With<br>OVERTURN/ROLLOVER<br>Traffic Way<br>TWO-WAY, NOT DIVIDED<br>Surface Type |                             |            | Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature |           |      | Emergency Motor Vehicle Use                             |       |  |  |
|      |  |                             |            |  |           |      | NOT APPLICABLE  |       |  |  |
|      |  |                             |            |  |           |      | Traffic Control Inoperative/Missing<br>NO<br>Road Grade |       |  |  |
|      |  |                             |            |  |           |      |   |       |  |  |
|      |  |                             |            |  |           |      |   |       |  |  |
|      | BLACKTOP (BITUMINOUS)  |                             |            | CURVE LEFT   |           |      | DOWNHILL  |       |  |  |
|      | Truck Bus or HazMat  |                             |            |  |           |      |   |       |  |  |
|      | NO   |                             |            |  |           |      |   |       |  |  |
|      | ,  | Vehicle                     |            |  |           |      |   |       |  |  |
|      |  | License Plate Number        |            | Plate Type St  |           | St   | Country of Issuance                                     |       |  |  |
|      |  | MT3685                      |            | LTK - L  | GHT TRUCK | WI   | UNITED ST   | TATES |  |  |
| -    | _  | Vehicle Identification Numb | er         | Make Y   |           | Year | Model   |       |  |  |
| 2    | 6  | NM0LS7BN1BT044080           |            | FORD   |           | 2011 | NO DATA   | FO    |  |  |
|      |  | Color<br>WHI - WHITE        |            | Body Style<br>VN - VAN   |           |      | Bus Use<br>NOT A BUS                                    |       |  |  |
|      |  |                             |            |  |           |      |   |       |  |  |
|      | щ  | Initial Contact Point       |            | Vehicle Damage   |           |      |   |       |  |  |
| UNIT | VEHICL   | NON-COLLISION               |            |  |           |      |   |       |  |  |
| 5    | Extent Of Damage   |                             |            | ALL AR   | EAS       |      |   |       |  |  |
| _    |  |                             |            |  |           |      |   |       |  |  |
|      |  | •                           |            | •  |           |      |   |       |  |  |

Pre CrashTire

35

2

SOUTHBOUND

## 6TL0B4X4K5

19-00703

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      |            | Towed Due To Damage                               |                                      | Veł                 | nicle Removed By                        |                          |  |  |  |  |  |
|------|------------|---|--------------------------------------|---------------------|---|--------------------------|--|--|--|--|--|
|      |            | TOWED DUE TO DISABL                               | ING DAMAGE                           |                     | KES TOWING                              |                          |  |  |  |  |  |
|      |            |   |                                      |                     | nicle Factors                           |                          |  |  |  |  |  |
|      | RIGHT TURN |   |                                      |                     | NOT APPLICABLE                          |                          |  |  |  |  |  |
|      |            | Driver Prior Action Other                         |                                      | NC                  |   |                          |  |  |  |  |  |
|      |            | Driver Actions                                    |                                      |                     |   |                          |  |  |  |  |  |
|      | ш          | FAILURE TO CONTROL                                |                                      |                     |   |                          |  |  |  |  |  |
| E    | С          |   |                                      |                     |   |                          |  |  |  |  |  |
| UNIT | VEHICLE    |   |                                      |                     |   |                          |  |  |  |  |  |
| -    | 2          |   |                                      |                     |   |                          |  |  |  |  |  |
|      |            |   |                                      |                     |   |                          |  |  |  |  |  |
|      |            | Owner Name WILLIAM J GOLL                         |                                      |                     | Owner Address<br>W8082 CTH CS AND Q     |                          |  |  |  |  |  |
| 2    | 6          | (608) 333-1513                                    |                                      |                     | POYNETTE, WI 53955 , US                 |                          |  |  |  |  |  |
|      | -          |   |                                      |                     |   |                          |  |  |  |  |  |
|      | ļ          | Sequence Of Events                                |                                      |                     |   |                          |  |  |  |  |  |
|      |            | Event   |                                      |                     |   |                          |  |  |  |  |  |
|      | 0          | TRAFFIC SIGN POST                                 |                                      |                     |   |                          |  |  |  |  |  |
|      | 02         | Event<br>OVERTURN/ROLLOVER                        |                                      |                     |   |                          |  |  |  |  |  |
|      | -          | Event   |                                      |                     |   |                          |  |  |  |  |  |
|      | 03         |   |                                      |                     |   |                          |  |  |  |  |  |
|      | 64         | Event   |                                      |                     |   |                          |  |  |  |  |  |
|      | -          | Deliev Helder                                     |                                      |                     |   |                          |  |  |  |  |  |
| UNIT | 1          | Policy Holder Insurance Company Individual        |                                      |                     |   |                          |  |  |  |  |  |
| 5    |            | FEDERATED-MUTUAL-IN                               | IS-CO                                |                     |   |                          |  |  |  |  |  |
|      | l          | Individual  |                                      |                     |   |                          |  |  |  |  |  |
|      |            | Driver<br>JOSE A VELAZQUEZ DIAZ<br>(608) 635-5739 |                                      |                     | Citations Issued                        | Sex                      |  |  |  |  |  |
|      | Ļ          |   |                                      |                     |   | MALE                     |  |  |  |  |  |
|      | INDIVIDUAL |   |                                      |                     | Date of Birth                           | Race<br>HISPANIC         |  |  |  |  |  |
| UNIT | Ξ          | Address   |                                      |                     | Driver License Number                   |                          |  |  |  |  |  |
| 2    | ā          | 1111 SILVER DR #8                                 |                                      |                     |   |                          |  |  |  |  |  |
|      | 4          |   |                                      |                     | STATE: WISCONSIN COUNTRY: UNITED STATES |                          |  |  |  |  |  |
|      |            |   |                                      |                     |   |                          |  |  |  |  |  |
|      | Sat        | fety Equipment                                    | Crash                                | S                   | Safety Equipment                        |                          |  |  |  |  |  |
|      |            | Seat Position                                     |                                      | SHOULDER & LAP BELT |   |                          |  |  |  |  |  |
|      |            | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY             |                                      |                     |   |                          |  |  |  |  |  |
|      |            | Helmet Use  |                                      | Helmet Compliance   |   |                          |  |  |  |  |  |
|      |            |   |                                      |                     |   |                          |  |  |  |  |  |
|      |            | Eye Protection                                    |                                      |                     | Tint Compliance                         |                          |  |  |  |  |  |
| ~    | Ξ          | Injury Severity                                   |                                      |                     | Airbag                                  |                          |  |  |  |  |  |
| 6    | 001        |   | PARENT INJURY                        | 1                   | NON DEPLOYED                            |                          |  |  |  |  |  |
|      |            | Ejected   | Ejection Path                        |                     |   | Trapped/Extricated       |  |  |  |  |  |
|      |            | NOT EJECTED NOT EJECTED/NOT APP Medical Transport |                                      |                     | EMS Agency Identifier                   | NOT TRAPPED<br>EMS Run # |  |  |  |  |  |
|      |            | NOT TRANSPORTED                                   |                                      |                     |   |                          |  |  |  |  |  |
|      |            | Hospital  |                                      |                     | Date of Death                           | Time of Death            |  |  |  |  |  |
|      |            | Dist  |                                      |                     |   |                          |  |  |  |  |  |
|      |            | Distracted By NOT A                               | ed By Source<br>PPLICABLE (NOT DISTF | RACT                | ED)                                     |                          |  |  |  |  |  |
|      |            | Distracted By Action                              |                                      |                     |   |                          |  |  |  |  |  |
|      |            | NOT DISTRACTED                                    |                                      |                     |   |                          |  |  |  |  |  |

6TL0B4X4K5

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|               |                                   | Non Motor            | Striking Unit #                   | Location                |                    |                   |                      |                   |  |  |  |
|---------------|-----------------------------------|----------------------|-----------------------------------|-------------------------|--------------------|-------------------|----------------------|-------------------|--|--|--|
|               |                                   | Prior Action         |                                   |                         |                    |                   |                      |                   |  |  |  |
|               |                                   | Action               |                                   |                         |                    |                   |                      |                   |  |  |  |
|               |                                   | Action               |                                   |                         |                    |                   |                      |                   |  |  |  |
|               | IAL                               |                      |                                   |                         |                    |                   |                      |                   |  |  |  |
| UNIT          | IDU                               |                      |                                   |                         |                    |                   |                      |                   |  |  |  |
| 5             | INDIVIDUAL                        |                      |                                   |                         |                    |                   |                      |                   |  |  |  |
|               | N                                 |                      |                                   |                         |                    |                   |                      |                   |  |  |  |
|               |                                   |                      |                                   |                         |                    |                   |                      |                   |  |  |  |
|               |                                   | Action Other         |                                   |                         |                    |                   |                      | To/From School    |  |  |  |
|               |                                   |                      | Suspected Alcohol L               | Jse                     | Suspected Drug Use |                   |                      |                   |  |  |  |
|               |                                   | Drug & Alcoh         |                                   | · · · · - · -           | NO                 |                   |                      |                   |  |  |  |
|               |                                   | Alcohol Test Giver   |                                   | Alcohol Test Type       | 9                  |                   | Alcohol Test Results |                   |  |  |  |
|               |                                   | Drug Test Given      |                                   | Drug Test Type          |                    | Drug Test Results | 5                    |                   |  |  |  |
|               | _                                 | TEST NOT GIV         | EN                                |                         |                    |                   |                      |                   |  |  |  |
| 2             | 001                               | Drug Type            |                                   |                         |                    |                   |                      |                   |  |  |  |
|               |                                   | Individual Condition | n                                 |                         |                    |                   |                      |                   |  |  |  |
|               |                                   | APPEARED NO          |                                   |                         |                    |                   |                      |                   |  |  |  |
|               |                                   | AFFEAREDING          |                                   |                         |                    |                   |                      |                   |  |  |  |
|               | Property Owner                    |                      |                                   |                         |                    |                   |                      |                   |  |  |  |
| 0             | Government<br>TOWNSHIP OF BARABOO |                      |                                   | Address<br>101 CEDAR ST |                    |                   |                      |                   |  |  |  |
| PROP<br>OWNER | (608) 356-5170                    |                      |                                   | BARABOO, WI 53913 ,US   |                    |                   |                      |                   |  |  |  |
|               |                                   |                      |                                   |                         |                    |                   |                      |                   |  |  |  |
|               | FIXE                              | ed Objects St        |                                   |                         |                    |                   |                      |                   |  |  |  |
|               | 6                                 | °                    | Struck Object<br>TRAFFIC SIGN POS | т                       |                    |                   | Structure Number     | Damage Tag Number |  |  |  |