6TL09PBQB5

19-01144

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document # Agency Crash Number Investigating Officer/Deputy 19-01144 DEPUTY B. STODDARD)				
n	Crash Date 01/28/2019	Crash Time 07:45 AM Time Notified 07:45 AM		Date Arrived 01/28/2019		Time Arrived 07:45 AM				
0 I LUYPBQB	Date Notified 01/28/2019			Total Ur 01	its	Total Injured Total Kille		⊺otal Kille∉)0	ed	
190	On Emergency	t and Run		ure 🔄 Work Zone		Trailer or Towed		wed	Reporting Threshold	
	Government Property	Active Scho	al Zana	School E NO	Bus Related	Tags				
	Reportable	Crash Type DT4000 (STAND	ARD CRASH)			Amen	ded		Secondary Crash	
	Description	•				•			•	
		eportable					Additic	onal Infor	mation	
	UNIT 1 WAS NORTHBOUND ON OTHE DRIVEWAY AND GOT STUC	CTH BD. UNIT 1 WA	AS ATTEMPTING	G TO MA	KE A RIGHT TURN IN	TO THE CASING				

19-01144

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I	_oc	ation									
Ī	ON CTHBD NB						Latitude			Longitude	
	1169 FT N						43.528360659		-89.777959005		
	OF COOP LN IN THE TOWN OF DELTON IN SAUK COUNTY						X Coordinate		Y Coordinate		
							28125		482324	0.5	
						Structure -	Гуре				
(Cra	sh Scene									
Ī	First	Harmful Event				First Harm	nful Event Lo	ocation			
	DIT	СН				ON ROA	DWAY				
Ī		ner of Collision			Light Condition						
_		COLLISION W/VEHIC	LE IN TRANSPORT			DAYLIG					
	Road SNC	d Surface Condition(s)				Roadway	Factor(s)				
-	Envir	onment Factor(s)				1					
		ATHER CONDITIONS				NONE					
-	Wea	ther Condition(s)				1					
	SNC	W									
	Anim	al Type			Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
-		h Classification - Location									
-		I Land				Access Co		ISDICTION		Special Study	
					NO CO			NO CONTROL			
		n Interchange Area	Junction Location			section Type					
Ļ	NO		NON-JUNCTION		NUTAN	INTERSE	CTION				
_		t Summary		Vichiala Ora							
		RANSIT		D CLASS	-	Classification Unit Type AUTOMOBILE					
-		cle Type		Operating As Endorsements							
5		SENGER CAR				oporaning		lionito			
-	Total	Occs	Total # Cita	Total # Citations Issued Total Tra			ailers Total HazMat Types				
	1			0		0					
		Insurance? Direction Of Travel		Pre CrashTire						es	
-	-	(NOWN		Special Function 55			2 Emergency Motor Vehicle Use				
;	DIT	Harmful Event: Collision		NO SPECIAL FUNCTION			NOT APPLICABLE				
		ic Way	Traffic Cont	Traffic Control			Traffic Cont	ntrol Inoperative/Missing			
		D-WAY, NOT DIVIDED)	NO CONT				NO			
	Surface Type			Road Curva			Road Grade				
╞		CKTOP (BITUMINOU	3)	SIRAIGH	STRAIGHT			LEVEL			
	NO										
		Vehicle									
		License Plate Number ACM1436	Plate Type AUT - AUTOMOBILE		F	St WI	Country of Is				
		Vehicle Identification Nur	Make			Year	Model				
;	01	2FACP74F3MX11649	FORD	FORD 1991		1991	CROWN VICT				
		Color GRY - GRAY		Body Style Bus Use SD - SEDAN NOT A BUS							
	Initial Contact Point			Vehicle Damage							
					U						
;		12FRONT			-						
	VEHICLE	12FRONT Extent Of Damage NO DAMAGE			-						

6TL09PBQB5

19-01144

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Ve	hicle Removed By				
		NOT TOWED		OF	OPERATOR				
		What Driver Was Doing		Ve	hicle Factors				
		RIGHT TURN							
		Driver Prior Action Other		NC	OT APPLICABLE				
		Driver Actions							
	щ	NO CONTRIBUTING ACT	ION						
L	С								
UNIT	VEHICLE								
_	ž								
		Owner Name	-		Owner Address				
2	0	MICHAEL IRWIN BROOK (608) 373-1011	S		704 1/2 5TH AVE BARABOO, WI 53913 , US				
0	0	(000) 373-1011			BARABOO, WI 33913 , 03				
	:	Sequence Of Events							
	2	Event DITCH							
		Event							
	02								
	03	Event							
	-	Front							
	04	Event							
		Individual			-				
		Driver MICHAEL IRWIN BROOKS			Citations Issued	Sex			
	Ļ	(608) 373-1011 Address 704 1/2 5TH AVE BARABOO, WI 53913 , US			0	MALE			
╘	INDIVIDUAL				Date of Birth	Race WHITE			
UNIT	Ξ				Driver License Number				
	þ				STATE: WISCONSIN COUNTRY: UNITED STATES				
	=								
	Sat	fety Equipment	/ Crash	:	Safety Equipment				
	Jai								
		Seat Position			SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY						
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
-	Ξ	Injury S	everity		Airbag				
2	001	Injury NO AP	PARENT INJURY	1	NON DEPLOYED				
		Ejected	Ejection Path			Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT A			NOT TRAPPED			
		Medical Transport			EMS Agency Identifier	EMS Run #			
		NOT TRANSPORTED							
		Hospital			Date of Death	Time of Death			
		Distract	ed By Source			<u> </u>			
		Distracted By							
		Distracted By Action							
		Striking	Unit # Location						
		Non Motorist							

6TL09PBQB5

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action						
		Action						
UNIT	INDIVIDUAL							
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol Us NO	se	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	3	
0	001	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					