

6TL09PBQBB  
19-01312

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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|  |  |                                       |  |   |  |
|--|--|---------------------------------------|--|---|--|
| Document Number Override                     |  | Primary Crash Document #              | Agency Crash Number<br><b>19-01312</b> | Investigating Officer/Deputy<br><b>DEPUTY B. STODDARD</b> |  |
| Crash Date<br><b>02/01/2019</b>              |  | Crash Time<br><b>09:55 AM</b>         | Date Arrived<br><b>02/01/2019</b>      | Time Arrived<br><b>10:18 AM</b>                           |  |
| Date Notified<br><b>02/01/2019</b>           |  | Time Notified<br><b>09:57 AM</b>      | Total Units<br><b>01</b>               | Total Injured<br><b>00</b>                                | Total Killed                                 |
| <input type="checkbox"/> On Emergency        | <input type="checkbox"/> Hit and Run         | <input 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<br><b>NO</b>       |  | Tags  |  |
| <input type="checkbox"/> Reportable          | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                       |  | <input type="checkbox"/> Amended                          | <input type="checkbox"/> Secondary Crash     |

Description

|                                    |                                       |
|------------------------------------|---------------------------------------|
| <p>Diagram</p> <p>Not to Scale</p> | Reconstruction By                     |
|                                    | Photos By                             |
|                                    | Additional Information<br><b>NONE</b> |

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

UNIT 1 WAS SOUTHBOUND ON STH 23. UNIT 1 WAS MAKING A RIGHT TURN, WEST ONTO NARROWS CREEK. NARROWS CREEK WAS SNOW-PACKED AND SLIPPERY. UNIT 1 SLID SOUTH EAST AND ENTERED THE DITCH AND STRUCK A SIGN HELD UP BY TWO 4X4 POSTS. THE POSTS BROKE.

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Location

|  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| <b>INTERSECTION<br/>ON NARROWS CREEK RD<br/>AT STH23<br/>IN THE TOWN OF WESTFIELD<br/>IN SAUK COUNTY</b> | Latitude<br><b>43.450022714</b>     | Longitude<br><b>-90.034098069</b> |
|  | X Coordinate<br><b>254501.78125</b> | Y Coordinate<br><b>4815263.5</b>  |
|  | Structure Type                      |                                   |

Crash Scene

|   |   |  |
|---|---|--|
| First Harmful Event<br><b>DITCH</b>                               | First Harmful Event Location<br><b>SHOULDER LEFT</b>                            |  |
| Manner of Collision<br><b>NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DAYLIGHT</b>  |  |
| Road Surface Condition(s)<br><b>SNOW</b>                          | Roadway Factor(s)<br><b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b> |  |
| Environment Factor(s)<br><b>NONE</b>                              |   |  |
| Weather Condition(s)<br><b>CLOUDY</b>                             |   |  |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                           |  |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>         | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b>           |  |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>   | Special Study                              |
| Within Interchange Area<br><b>NO</b>                              | Junction Location<br><b>INTERSECTION-RELATED</b>                                | Intersection Type<br><b>T-INTERSECTION</b> |

Unit Summary

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

|   |                |  |                                       |                     |   |
|---|----------------|--|---------------------------------------|---------------------|---|
| <b>UNIT</b>                             | <b>Vehicle</b> |  |                                       |                     |   |
|   | <b>01</b>      | License Plate Number<br><b>ADB3696</b>                         | Plate Type<br><b>AUT - AUTOMOBILE</b> | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|   |                | Vehicle Identification Number<br><b>1MEFM55S01G600773</b>      | Make<br><b>MERCURY</b>                | Year<br><b>2001</b> | Model<br><b>SABLE LS P</b>                  |
|   | <b>VEHICLE</b> | Color<br><b>RED - RED</b>                                      | Body Style<br><b>4D - 4DR</b>         |                     | Bus Use<br><b>NOT A BUS</b>                 |
|   |                | Initial Contact Point<br><b>12--FRONT</b>                      | Vehicle Damage                        |                     |   |
| Extent Of Damage<br><b>MINOR DAMAGE</b> |                | <b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT</b> |                                       |                     |   |

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|  |  |   |  |                      |
|--|--|---|--|----------------------|
| UNIT<br>VEHICLE                        | Towed Due To Damage<br><b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>   |   | Vehicle Removed By<br><b>REEDSBURG SALVAGE</b>                             |                      |
|  | What Driver Was Doing<br><b>RIGHT TURN</b>                           |   | Vehicle Factors  |                      |
|  | Driver Prior Action Other  |   | <b>NOT APPLICABLE</b>  |                      |
|  | Driver Actions<br><b>SPEED TOO FAST/COND</b>                         |   |  |                      |
| 01                                     | Owner Name<br><b>TRENTEN MICHAEL ANDRES<br/>(608) 415-9862</b>       |   | Owner Address<br><b>E4924A NARROWS CREEK<br/>LOGANVILLE, WI 53943 , US</b> |                      |
|  | <b>Sequence Of Events</b>  |   |  |                      |
| 01                                     | 01   | Event<br><b>DITCH</b>                       |  |                      |
|  | 02   | Event<br><b>OTHER POST, POLE OR SUPPORT</b> |  |                      |
|  | 03   | Event                                       |  |                      |
|  | 04   | Event                                       |  |                      |
| UNIT                                   | <b>Policy Holder</b>   |   |  |                      |
|  | Insurance Company<br><b>PROGRESSIVE-CASUALTY-INS-CO</b>              |   | Individual<br><b>TRENTEN ANDRES</b>  |                      |
| UNIT<br>INDIVIDUAL                     | <b>Individual</b>  |   |  |                      |
|  | Driver<br><b>TRENTEN MICHAEL ANDRES<br/>(608) 415-9862</b>           |   | Citations Issued<br><b>0</b>   | Sex<br><b>MALE</b>   |
|  | Address<br><b>E4924A NARROWS CREEK<br/>LOGANVILLE, WI 53943 , US</b> |   | Date of Birth  | Race<br><b>WHITE</b> |
|  | Driver License Number  |   | <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>                             |                      |
| 01                                     | <b>Safety Equipment</b>  |   | On Duty Crash  |                      |
|  | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>      |   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                         |                      |
|  | Helmet Use   |   | Helmet Compliance  |                      |
|  | Eye Protection   |   | Tint Compliance  |                      |
| 01                                     | <b>Injury</b>  |   | Injury Severity<br><b>NO APPARENT INJURY</b>                               |                      |
|  | Ejected<br><b>NOT EJECTED</b>  |   | Airbag<br><b>NON DEPLOYED</b>  |                      |
|  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                   |   | Trapped/Extricated<br><b>NOT TRAPPED</b>                                   |                      |
|  | Medical Transport<br><b>NOT TRANSPORTED</b>                          |   | EMS Agency Identifier  |                      |
| Hospital                               |  | EMS Run #                                   |  |                      |
| Date of Death                          |  | Time of Death                               |  |                      |
| <b>Distracted By</b>                   |  | Distracted By Source                        |  |                      |
| Distracted By Action<br><b>UNKNOWN</b> |  |   |  |                      |

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|      |              |                     |  |                   |                                    |                                 |  |
|------|--------------|---------------------|--|-------------------|------------------------------------|---------------------------------|--|
| UNIT | INDIVIDUAL   | <b>Non Motorist</b> |  | Striking Unit #   | Location                           |                                 |  |
|      |              | Prior Action        |  |                   |                                    |                                 |  |
|      |              | Action              |  |                   |                                    |                                 |  |
|      | Action Other |                     |  |                   |                                    | To/From School                  |  |
|      | 01           | 001                 | <b>Drug &amp; Alcohol</b>                      |                   | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |  |
|      |              |                     | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type |                                    | Alcohol Test Results            |  |
|      |              |                     | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type    |                                    | Drug Test Results               |  |
|      |              |                     | Drug Type                                      |                   |                                    |                                 |  |
|      |              |                     | Individual Condition<br><b>APPEARED NORMAL</b> |                   |                                    |                                 |  |