

6TL097RB2R

19-01335

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL097RB2R

| | | | | | | | |
|--|--|---------------------------------------|------------------------------------|-----------------------------------|---|---|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number | | Investigating Officer/Deputy DEPUTY J. EY TALIS | |
| Crash Date 02/01/2019 | | Crash Time 08:30 PM | | Date Arrived 02/01/2019 | | Time Arrived 10:55 PM | |
| Date Notified 02/01/2019 | | Time Notified 10:35 PM | | Total Units 01 | | Total Injured 00 | Total Killed 00 |
| <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 NO | | Tags | | |
| <input type="checkbox"/> Reportable | Crash Type DT4000 (STANDARD CRASH) | | | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash | |

Description

| | |
|--|---------------------------------------|
| Diagram <p style="text-align: center;">no damage/injuries, slide off only</p> | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

UNIT 1 WAS EASTBOUND ON TOWER ROAD AND LOST CONTROL ON THE SNOW COVERED ROADWAY AND ENTERED THE SOUTH DITCH BECOMING STUCK. NO DAMAGE OR INJURIES REPORTED OR OBSERVED.

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Location

| | | |
|---|-------------------------------------|-----------------------------------|
| ON TOWER RD 0.33 MI E OF NEUMAN RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY | Latitude 43.432750593 | Longitude -89.664240752 |
| | X Coordinate 284367.96875 | Y Coordinate 4812321 |
| | Structure Type | |

Crash Scene

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

Unit Summary

| | | | | | |
|-------------|--|---|--|--|--------------------------------|
| UNIT | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | 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 EASTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 2 |
| | Most Harmful Event: Collision With DITCH | 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 UPHILL | |
| | Truck Bus or HazMat NO | | | | |

| | | | | | |
|--------------------------------------|------------------|---|---|---------------------|---|
| UNIT | VEHICLE | Vehicle | | | |
| | | License Plate Number 175RYN | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1J4BA3H12AL183626 | Make JEEP | Year 2010 | Model NO DATA FO |
| | | Color SIL - SILVER (ALUMINUM) | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use NOT A BUS |
| | | Initial Contact Point NON-COLLISION | Vehicle Damage | | |
| Extent Of Damage NO DAMAGE | NO DAMAGE | | | | |

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| | | | | |
|---|--|-----------------------|--|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OWNER | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 01 | Owner Name AARON G HALVORSON (608) 852-3449 | | Owner Address S5733 DEVILS CROWN DR BARABOO, WI 53913 , US | |
| | Sequence Of Events | | | |
| 01 01 | 01 | Event DITCH | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company LIBERTY-MUTUAL-INS-CO | | Individual AARON HALVORSON | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver AARON G HALVORSON (608) 852-3449 | | Citations Issued 0 | Sex MALE |
| | Address S5733 DEVILS CROWN DR BARABOO, WI 53913 , US | | Date of Birth | Race WHITE |
| | Driver License Number | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | 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 NO APPARENT INJURY | Airbag NON DEPLOYED |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | |
| Hospital | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source | | |
| Distracted By Action NOT DISTRACTED | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | | |
|-------------|--|--|------------------------------------|---------------------------------|----------------------|--|
| UNIT | 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 | | | | | |