

6TL09XQXZT

19-01380

# 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>19-01380</b> |  | Investigating Officer/Deputy<br><b>DEPUTY I. GALVAN</b> |  |
| Crash Date<br><b>02/02/2019</b>                |                                      | Crash Time<br><b>11:47 PM</b>                |  | Date Arrived<br><b>02/02/2019</b>      |  | Time Arrived<br><b>11:47 PM</b>                         |  |
| Date Notified<br><b>02/02/2019</b>             |                                      | Time Notified<br><b>11:47 PM</b>             |  | Total Units<br><b>01</b>               |  | Total Injured<br><b>00</b>                              | Total Killed<br><b>00</b>                    |
| <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 checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  |  |  | <input type="checkbox"/> Amended                        | <input type="checkbox"/> Secondary Crash     |

## Description

|                |         |                                       |
|----------------|---------|---------------------------------------|
| NON REPORTABLE | Diagram | 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 TRAVELING WESTBOUND ON STH 33 NEAR BODENDEIN ROAD. UNIT 1 BEGAN TO SLIDE DUE TO ICE COVERED ROADWAYS. UNIT 1 LEFT ROADWAY ON THE LEFT SHOULDER STUCK IN SNOW. UNIT 1 WAS REMOVED BY STEVES TOWING.

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**Location**

|  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| ON STH33 WB<br>728 FT E<br>OF SCHUETTE RD<br>IN THE TOWN OF LA VALLE<br>IN SAUK COUNTY | Latitude<br><b>43.566076376</b>      | Longitude<br><b>-90.092484962</b> |
|  | X Coordinate<br><b>250256.703125</b> | Y Coordinate<br><b>4828327</b>    |
|  | Structure Type                       |                                   |

**Crash Scene**

|   |   |   |
|---|---|---|
| First Harmful Event<br><b>OTHER NON-COLLISION</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>DARK/UNLIT</b>                                  |   |
| Road Surface Condition(s)<br><b>ICE</b>                           | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>WEATHER CONDITIONS</b>                |   |   |
| Weather Condition(s)<br><b>FREEZING RAIN OR FREEZING DRIZZLE</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>NON-JUNCTION</b>                              | Intersection Type<br><b>NOT AN INTERSECTION</b> |

**Unit Summary**

|                              |  |   |   |                            |  |  |
|------------------------------|--|---|---|----------------------------|--|--|
| <b>UNIT</b><br><br><b>01</b> | Unit Status<br><b>IN TRANSIT</b>                                 | Vehicle Operating As Classification<br><b>D CLASS</b> |   | Unit Type<br><b>TRUCK</b>  |  |  |
|                              | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</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<br><b>0</b>                       |  |
|                              | Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>WESTBOUND</b>               | <input type="checkbox"/> <b>Pre Crash Tire Mark</b> | Speed Limit<br><b>55</b>   | Total Lanes<br><b>2</b>                              |  |
|                              | Most Harmful Event: Collision With<br><b>OTHER NON-COLLISION</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>HILLCREST</b>                       |  |
|                              | Truck Bus or HazMat<br><b>NO</b>                                 |   |   |                            |  |  |

|                              |   |   |                                       |                     |   |  |
|------------------------------|---|---|---------------------------------------|---------------------|---|--|
| <b>UNIT</b><br><br><b>01</b> | <b>Vehicle</b>                                |   |                                       |                     |   |  |
|                              | <b>VEHICLE</b><br><br><b>01</b>               | License Plate Number<br><b>HX6682</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>1FTZR15X8WPB46820</b> | Make<br><b>FORD</b>                   | Year<br><b>1998</b> | Model<br><b>RANGER</b>                      |  |
|                              |   | Color<br><b>BLU - BLUE</b>                                | Body Style<br><b>PK - PICKUP</b>      |                     | Bus Use<br><b>NOT A BUS</b>                 |  |
|                              | Initial Contact Point<br><b>NON-COLLISION</b> | Vehicle Damage  |                                       |                     |   |  |
|                              | Extent Of Damage<br><b>NO DAMAGE</b>          | <b>NO DAMAGE</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>STEVES AUTO SERVICE</b>                |  |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>                     |                       | Vehicle Factors   |  |
|   | Driver Prior Action Other  |                       | <b>NOT APPLICABLE</b>   |  |
|   | Driver Actions   |                       |   |  |
| 01<br>01                                      | Owner Name<br><b>KENNETH R CLARK<br/>(608) 985-8957</b>            |                       | Owner Address<br><b>305 MAIN ST<br/>LA VALLE, WI 53941 , US</b> |  |
|   | <b>Sequence Of Events</b>  |                       |   |  |
| 01<br>02<br>03<br>04                          | Event<br><b>OTHER NON-COLLISION</b>                                |                       |   |  |
|   | Event  |                       |   |  |
|   | Event  |                       |   |  |
|   | Event  |                       |   |  |
| UNIT  | <b>Policy Holder</b>   |                       |   |  |
|   | Insurance Company<br><b>GEICO-GENERAL-INS-CO</b>                   |                       | Individual<br><b>KENNETH CLARK</b>                              |  |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>  |                       |   |  |
|   | Driver<br><b>KENNETH R CLARK<br/>(608) 985-8957</b>                |                       | Citations Issued<br><b>0</b>                                    | Sex<br><b>MALE</b>                       |
|   | Address<br><b>305 MAIN ST<br/>LA VALLE, WI 53941 , US</b>          |                       | Date of Birth   | Race<br><b>WHITE</b>                     |
|   | Driver License Number  |                       | <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>                  |  |
| 01<br>001                                     | <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   |  |
|   | <b>Injury</b>  |                       | Injury Severity<br><b>NO APPARENT INJURY</b>                    | Airbag<br><b>NON DEPLOYED</b>            |
|   | Ejected<br><b>NOT EJECTED</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 | EMS Run #   |  |
| Hospital                                      |  | Date of Death         | Time of Death   |  |
| <b>Distracted By</b>                          |  | Distracted By Source  |   |  |
| Distracted By Action<br><b>NOT DISTRACTED</b> |  |                       |   |  |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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