

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL09CGFBR

Document Number Override		Primary Crash Document #		Agency Crash Number <b>19-01511</b>		Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>02/06/2019</b>		Crash Time <b>99:99</b>		Date Arrived <b>02/06/2019</b>		Time Arrived <b>04:24 PM</b>	
Date Notified <b>02/06/2019</b>		Time Notified <b>04:19 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS DRIVING EAST ON HOGSBACK ROAD AND LOST CONTROL OF THE VEHICLE. UNIT 1 WENT ACROSS THE CENTERLINE AND HIT THE DITCH AND EMBANKMENT CAUSING IT TO OVERTURN. THE DRIVER LEFT THE SCENE OF THE ACCIDENT BUT WAS LOCATED WALKING NEARBY. BASED ON THE CONTACT WITH THE DRIVER, HE WAS PLACED UNDER ARREST FOR OPERATING WHILE INTOXICATED 4TH OFFENSE. THE VEHICLE WAS TOWED BY BILLS TOWING.

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**Location**

ON HOGSBACK RD 258 FT S OF OLD HWY 33 IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.508510902</b>	Longitude <b>-89.795546279</b>
	X Coordinate <b>274022.875</b>	Y Coordinate <b>4821083.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

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

**Unit Summary**

<b>UNIT</b> 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>EMBANKMENT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b> 01 <b>VEHICLE</b>	<b>Vehicle</b>				
	License Plate Number <b>993XJE</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FMZU73E32UC71590</b>	Make <b>FORD</b>	Year <b>2002</b>	Model <b>EXPLORER X</b>	
	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>11--LEFT FRONT CORNER</b>	Vehicle Damage <b>7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER</b>			
Extent Of Damage <b>DISABLING DAMAGE</b>					

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>TIRES</b>	
	Driver Actions <b>SPEED TOO FAST/COND</b>			
01	01	Owner Name <b>DUSTIN ALLEN MANN (607) 402-5006</b>		Owner Address <b>107 S OAK ST PO BOX 276 NORTH FREEDOM, WI 53951 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>CROSS CENTERLINE</b>		
	02	Event <b>DITCH</b>		
	03	Event <b>EMBANKMENT</b>		
	04	Event <b>OVERTURN/ROLLOVER</b>		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>DUSTIN MANN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DUSTIN ALLEN MANN (607) 402-5006</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>107 S OAK ST PO BOX 276 NORTH FREEDOM, WI 53951 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>RESTRAINT USE UNKNOWN</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	01	001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				

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UNIT	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>YES</b>	
	Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>		Alcohol Test Results <b>PENDING</b>
	Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>	Drug Test Results <b>PENDING</b>	
	Drug Type				
	Individual Condition  <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>				
	<b>Violations</b>				
01	UTC Number <b>AI388639</b>	Issue To? <b>001</b>	Statute Number <b>346.63(1)(a)</b>	Description <b>OWI (4th)</b>	