6TL0B7D6QW 19-01638

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | - | | , , | Agency Crash Number 19-01638 | | | Investigating Officer/Deputy DEPUTY A. SUKOWATEY | | | | |
|----------------|--|--|---|--------------------------------------|---------------------------------|--|--|--|--------------------------|-------------------------|--|--|
| ΣW | Crash Date 02/09/2019 | Gradii Tiillo | | Date Arrived 02/09/2019 | | - | Time Arrived 10:01 PM | | | | | |
| D6(| Date Notified 02/09/2019 | | | Total Units | | Total | | Injured | Injured Total Killed 00 | | | |
| 0B7D6QW | On Emergency Hi | t and Run | Lane Clos | ure | Woi | rk Zone | <u> </u> | Trailer or T | owed | Reporting Threshold | | |
| 6TL(| Government Property | Active Sc | hool Zone | School NO | Bus Relate | ed | Tags | | | | | |
| 9 | Crash Type DT4000 (STANDARD CRA | | | | | | | Amended Seco | | | | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | | |
| | THE OPERATOR OF UNIT ONE WAS TRAVELING EASTBOUND ON RIVER ROAD EAST OF ROESSER ROAD WHEN DUE TO ICY ROAD CONDITIONS HE SLID OFF THE ROADWAY INTO THE SOUTH DITCH | | | | | | | | | | | |
| | Location | | | | | | | | | | | |
| | ON RIVER RD 0.27 MI E | | | | | | Latitude Longitude 43.263610824 -89.753983092 | | | | | |
| | | OF ROESSER RD N THE TOWN OF PRAIRIE DU SAC | | | | | X Coordinate 276484.03125 | | | Y Coordinate 4793772 | | |
| | IN SAUR COUNTY | | | | | Structure Type | | | | | | |
| | Crash Scene | | | | | | | | | | | |
| , | First Harmful Event | | First Harmi | ful Event Le | antion | | | | | | | |
| | DITCH | | | | | First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY) | | | | | | |
| | Manner of Collision | | | | | | Light Condition | | | | | |
| | NO COLLISION W/VEHICLE IN TRANSPORT | | | | | | DARK/UNLIT | | | | | |
| | Road Surface Condition(s) | | | | | | Roadway Factor(s) | | | | | |
| | SNOW, ICE | | | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | | | |
| | WEATHER CONDITIONS | | | | | | NONE | | | | | |
| | Weather Condition(s) | | | | | | | | | | | |
| | CLOUDY | | | | | | | | | | | |
| | Animal Type | | | | | | Relation To Trafficway TRAFFICWAY - NOT ON ROAD | | | | | |
| | Crash Classification - Location | | | | | | Crash Classification - Jurisdiction | | | | | |
| | PUBLIC PROPERTY Tribal Land | | NO SPECIAL JURISDICTION Access Control Special Study | | | | | | | | | |
| | Tibal Land | Access Control Special Study NO CONTROL | | | | | | | | | | |
| | Within Interchange Area Junction Location In | | | | | tion Type | | | | | | |
| | NO NO | 9 | | | | | | INTERSECTION | | | | |
| ĺ | Unit Summary | | | | | | | | | | | |
| | Unit Status Vehicle Operating As Cl. | | | | | | ** | | | | | |
| 01 | IN TRANSIT D CLASS | | | | | AUTOMOBILE | | | | | | |
| | Vehicle Type | | | | | | Operating As Endorsements | | | | | |
| | (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded Total # Citations Issue | | | | | Т | Total Trailers Total HazMat Types | | | Mat Tynes | | |
| | 1 otal Occs | i iaiii/Dus # Recold | 1 ota 0 | aı # Ultatlı | ons issued | 0 Total II | | 513 | Total Haziviat Types | | | |
| | | Direction Of Travel | | Pre CrashTire | | | Speed Lim | d Limit Total Land | | es | | |
| _ | | EASTBOUND | | | rasn ne Mark | | 45 | 2 | | | | |
| UNIT | Most Harmful Event: Collision With DITCH | | | Special Function NO SPECIAL FUNCTION | | | | Emergency Motor Vehicle Use NOT APPLICABLE | | | | |

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| | | TIC WAY | | ic Control | | Traffic Control Inoperative/Missing | | | | | |
|-----------|------------|---|-----------------|---|---------------------|-------------------------------------|--|--|--|--|--|
| | | D-WAY, NOT DIVIDED | NO CONTROL | | | NO Dood Crade | | | | | |
| | | ace Type | Road Curvature | | | Road Grade | | | | | |
| | | ACKTOP (BITUMINOUS) k Bus or HazMat | STRAIGHT | | | LEVEL | | | | | |
| | NO | K BUS OF HAZIVIAL | | | | | | | | | |
| | , | Vehicle | | | | | | | | | |
| | | License Plate Number | Pla | te Type | St | Country of Issuance | | | | | |
| 10 | | ACM1486 | ΑL | T - AUTOMOBILE | WI | UNITED STATES | | | | | |
| | _ | Vehicle Identification Number | Ma | ke | Year | Model | | | | | |
| | 5 | 1J4GL58K54W289365 | JE | EP | 2004 | LIBERTY LI | | | | | |
| LINI | | Color | | dy Style | | Bus Use NOT A BUS | | | | | |
| | | BLU - BLUE | | - SPORT UTILITY VEH | SKI OTIETTI VETIGEE | | | | | | |
| | ۳ ا | Initial Contact Point NON-COLLISION | ve | Vehicle Damage | | | | | | | |
| | ¥ | Extent Of Damage | - NC | DAMAGE | | | | | | | |
| \supset | VEHICL | NO DAMAGE | | | | | | | | | |
| | > | Towed Due To Damage Vehicle Removed By | | | | | | | | | |
| | | NOT TOWED OPERATOR | | | | | | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | | | | | |
| | | GOING STRAIGHT | | | | | | | | | |
| | | Driver Prior Action Other | NOT APPLICABLE | | | | | | | | |
| | | | | | | | | | | | |
| | ш | Driver Actions SPEED TOO FAST/COND | | | | | | | | | |
| _ | | | | | | | | | | | |
| L | ₽ | | | | | | | | | | |
|) | VEHICL | | | | | | | | | | |
| | | | | | | | | | | | |
| | 01 | Owner Name | | Owner Address | | | | | | | |
| 7 | | DAVID A PUVERMACHER | | 8836 CTY ROAD Y SAUK CITY, WI 53583 , US | | | | | | | |
| 0 | 0 | | | SAUR CITT, WI 33363 , US | | | | | | | |
| | | | | | | | | | | | |
| | | Sequence Of Events Event | | | | | | | | | |
| | 2 | DITCH | | | | | | | | | |
| | 02 | Event | | | | | | | | | |
| | | Event | | | | | | | | | |
| | 03 | 3 | | | | | | | | | |
| | 4 | Event | | | | | | | | | |
| | | | | | | | | | | | |
| ╘ | | Policy Holder | 1. | | | | | | | | |
| LINO | | Insurance Company AMERICAN-FAMILY-INS-CO | | Individual DAVID PUVERMACHER | | | | | | | |
| | | Individual | | | | | | | | | |
| LIND | | Driver | 1 | Citations Issued Sex | | | | | | | |
| | INDIVIDUAL | ADAM DAVID PULVERMACHER (608) 370-4011 | | 0 | | MALE | | | | | |
| | | | | Date of Birth | | Race | | | | | |
| | | | | | | WHITE | | | | | |
| | Σ | Address | 1 | Driver License Number | | | | | | | |
| | | 8836 CTY ROAD Y | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | | SAUK CITY, WI 53583 , US | [| S.A.E. M.OOROM GOOMINI. OMILED OTATED | | | | | | | |
| | | On Duty Creek | | | | | | | | | |
| | Sa | On Duty Crash fety Equipment | | | | | | | | | |
| | | • | | | | | | | | | |

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Crash Date 02/09/2019

Crash Time 09:41 PM

| | | | Safety Equipment | | | | | | | |
|-----|------------|--|------------------|---------------------|---------------------------------|--|----------------------|----------------|--|--|
| | | Cont Desition | | | | | | | | |
| | | Seat Position | | SHOULDER & LAP BELT | | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | | | | | | |
| | 001 | Helmet Use | | Helmet Compliance | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | |
| _ | | Injury Severity NO APPARENT INJURY | | | Airbag | | | | | |
| 01 | | | | NJURY | NON DEPLOYED | | | | | |
| | | Ejected | Ejection Pa | th | l . | | Trapped/Extricated | | | |
| | | NOT EJECTED | NOT EJE | CTED/NOT APPL | ICABLE | | NOT TRAPPED | | | |
| | | Medical Transport | | | EMS Agency Identifier EMS Run # | | | | | |
| | | NOT TRANSPORTED | | | | | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | |
| | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | |
| | | | NOT APPLICABL | E (NOT DISTRAC | 51ED) | | | | | |
| | | Distracted By Action NOT DISTRACTED |) | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | | |
| | | Prior Action | | Į. | | | | | | |
| | | | | | | | | | | |
| | | Action | | | | | | | | |
| | | | | | | | | | | |
| | ₹ | | | | | | | | | |
| ╘ | INDIVIDUAL | | | | | | | | | |
| LNO | ≥ | | | | | | | | | |
| _ | ቯ | | | | | | | | | |
| | = | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other Suspected Alcohol Use NO | | | | | | To/From School | | |
| | | | | | | | | | | |
| | | | | | Suspected Drug Use | | | | | |
| | | | | | NO | | | | | |
| | | Alcohol Test Given | Alcohol Test Ty | | • | | Alcohol Test Results | | | |
| | 11 | TEST NOT GIVEN | | | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results | | | | | |
| 7 | | Drug Type | | | | | | | | |
| 01 | 00 | | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | |
| | | | | | | | | | | |