WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #		Agency Crash Number 19-01801			Investigating Officer/Deputy DEPUTY S. MESSNER			
Crash Date 02/13/2019	Crash Time 02:25 PM			Date Arrived 02/13/2019			Time Arrived 02:54 PM		
Date Notified 02/13/2019 On Emergency Hit Government Property	Time Notified 02:28 PM			Total Units 01		Total Injured 00			
On Emergency Hit	Lane Closure Work Zone				Trailer or Towed Reporting Threshold				
Government Property		hool Zone	School NO	Bus Related		Tags			
✓ Reportable	Reportable Crash Type DT4000 (STAN			IDARD CRASH)				Secondary Crash	
Description Diagram							Reconstruction	n Pv	
Driveway of CTHA #S2	2903	СТНА		Not to sca	le				
		1					Photos By DEP. S. MES	SSNER	
North Reedsburg Rd	STOP		Unit 1	STOP	Unit 1overtu on its d side	urned driver's	Additional Info	rmation	

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

UNIT 1, OPERATED BY DARRION D. WADE, WAS NORTHBOUND ON CTH A, PAST THE INTERSECTION OF CTH U. UNIT 1 WENT OFF THE EAST SIDE OF THE ROADWAY ON THE SHOULDER AND PROCEEDED INTO THE DITCH. THE SHOULDER WAS COVERED WITH SLUSH AND THE DITCH WAS APPROXIMATELY 3 FEET OF SNOW. THE END OF UNIT! CAME AROUND IN A CLOCKWISE MOTION WHEN UNIT! WENT INTO THE DITCH. UNIT! A TIRE HIT GROUND UNDER THE SNOW FILLED DITCH AND OVER TURNED ONTO THE DRIVER'S SIDE, COMING TO REST FACING SOUTH. THE DRIVER, LATER IDENTIFIED AS DARRION WADE, LEFT THE SCENE AND RETURNED HOME, WHERE HE NOTIFIED LAW ENFORCEMENT OF THE ACCIDENT. DARRION DID NOT APPEAR INJURED AND REFUSED MEDICAL HELP. UNIT! WAS REMOVED BY BILL'S TOWING. WHEN CONTACT WAS MADE WITH DARRION BY LIV ENFORCEMENT, DARRION ADMITTED TO TAKING HIS EYES OFF THE ROAD TO ADJUST HIS RADIO WHEN HE DROVE INTO THE RIGHT HAND DITCH.

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Location										
ON CTHA NB					Latitude			Longitud	le	
0.35 MI N					43.53727	70363		-89.738	3712202	
OF CTHU NB					X Coordinate			Y Coord	Y Coordinate	
IN THE TOWN OF FAIRFIELD IN SAUK COUNTY					278722.46875 4824125				! 5	
IN OACH COCKET					Structure ⁻	Туре				
					NO STR	UCTUR	E			
Crash Scene										
First Harmful Event					First Harm	ıful Event	Location			
DITCH					SHOULE	DER RIG	SHT			
Manner of Collision					Light Condition					
NO COLLISION W/VEHI	CLE IN TRANSPORT	Г			DAYLIGHT					
Road Surface Condition(s)					Roadway Factor(s)					
WET, SLUSH										
Environment Factor(s)										
NONE					NONE					
Weather Condition(s)										
CLEAR										
Animal Type					Relation To Trafficway					
Crash Classification - Location	n				TRAFFICWAY - NOT ON ROAD Crash Classification - Jurisdiction					
PUBLIC PROPERTY	11				NO SPECIAL JURISDICTION					
Tribal Land					Access Control Special Study					
Thoat Land					NO CONTROL					
Within Interchange Area	Junction Location			Intersectio	n Type					
NO	NON-JUNCTION			NOT AN	INTERSECTION					
Closure Type			Reaso	ons for Closi	losure					
LANE CLOSURE										
Date Initial Lane/Rd Closed	Time Initial Lane	/Rd Closed	TOW	TRUCK						
02/13/2019	03:00 PM									
Date All Lanes Open	Time All Lanes C	pen	Date 3	Scene Clear	ared Time Scene Cleared					
02/13/2019	03:20 PM		02/13/2019			03:25 PM	3:25 PM			
Unit Summary =	•									
Unit Status		Vehi	icle Ope	erating As C	lassification	ı	Unit Type			
IN TRANSIT		DC	D CLASS				AUTOMO	AUTOMOBILE		
Vehicle Type							Operating A	Operating As Endorsements		
(SPORT) UTILITY VEHIC	LE									
Total Occs	Train/Bus # Record	led Tota	I # Cita	tions Issued		Total Tr	railers	Total Haz	Mat Types	
1		1			0			0		
Insurance?	Direction Of Travel		Pre	CrashTire	Speed Lim		Limit	nit Total Lanes		
YES	NORTHBOUND			Mark		55		2		
Most Harmful Event: Collision	With		cial Fun			1	Emergency			
DITCH		NO	NO SPECIAL FUNCTION				NOT APP	NOT APPLICABLE		
Traffic Way		Traff	Traffic Control			Traffic Cont			rol Inoperative/Missing	
			NO CONTROL			NO				
				Road Curvature			Road Grade			
				TRAIGHT			UPHILL			
Truck Bus or HazMat										
NO										
Vehicle		1.				01				
License Plate Number					St Country of Issuance					
202ZUL				JTOMOBIL	.E					
Vehicle Identification N		Mai			Year Model					
5 4F2CU08112KM35745 MAZDA						2002	TRIB			

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SIL - SILVER (ALUMINUM) Initial Contact Point 11LEFT FRONT CORNER Extent Of Damage DISABLING DAMAGE Towed Due To Damage TOWED DUE TO DISABLING DAMAGE What Driver Was Doing What Driver Was Doing SIL - SILVER (ALUMINUM) Vehicle Damage 7LEFT REAR CORNER, 8LEFT SIDE REAR, 9LEFT SIDE RE	E MIDDLE, 10LEFT							
Towed Due To Disabling Damage What Driver Was Doing Vehicle Factors Vehicl	E MIDDLE, 10LEFT							
Towed Due To Damage Vehicle Removed By TOWED DUE TO DISABLING DAMAGE BILLS TOWING What Driver Was Doing Vehicle Factors	E MIDDLE, 10LEFT							
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Towed Due To Damage Vehicle Removed By TOWED DUE TO DISABLING DAMAGE BILLS TOWING What Driver Was Doing Vehicle Factors								
What Driver Was Doing Vehicle Factors								
COINC STRAIGHT								
GOING STRAIGHT								
Driver Prior Action Other NOT APPLICABLE								
Driver Actions RAN OFF ROADWAY								
VEHICL								
>								
Owner Name Owner Address								
DARRION D WADE 808 MOUND ST								
5 (608) 448-2912 BARABOO, WI 53913 , US								
Sequence Of Events								
Event								
5 RUN OFF ROADWAY RIGHT								
Event								
8 DITCH								
Event OVERTURN/ROLLOVER								
8 OVERTURN/ROLLOVER								
Tevent Event Eve								
Policy Holder								
Individual AMERICANEAMILY-INS-CO								
AMERICAN-I AMEET-ING-CO								
Individual								
Driver Citations Issued Sex DARRION D WADE 1 Citations Issued MALE								
DARRION D WADE 1 MALE (608) 448-2912								
Date of Birth								
Dividing Number								
Address 808 MOUND ST BARABOO, WI 53913 , US Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	Diver License number							
≧ BARABOO, WI 53913 , US STATE: WISCONSIN COUNTRY: UNITED STATES	STATE: WISCONSIN COUNTRY: UNITED STATES							
On Duty Crash Safety Equipment								
Safety Equipment	SHOULDER & LAP BELT Helmet Compliance							
Seat Position SHOULDER & LAP BELT								
1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
Helmet Use Helmet Compliance								
Eye Protection Tint Compliance	Tint Compliance							
Injury Severity Injury No APPARENT INJURY Airbag NON DEPLOYED								
110111111111111111111111111111111111111								
Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED								
Medical Transport EMS Agency Identifier EMS Run #								
NOT TRANSPORTED								

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Crash Date 02/13/2019

Crash Time 02:25 PM

		Hospital			Date of Death		Time of Death			
		Distracted By	Distracted By So	ource RACTION (ANIMAL, I	FOOD, GROOMING)					
		Distracted By Action MANUALLY OPER	RATING(TEXT	ING,DIALING,PLAYIN	NG GAME ETC)					
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	UAL									
UNIT	INDIVIDUAL									
	N									
		Action Other						To/From School		
	ı	Drug & Alcohol	Suspected Alco	hol Use	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	1			
5	001	Drug Type				I .				
		Individual Condition								
		APPEARED NORM	//AL							
		Violations								
		UTC Number	Issue To?	Statute Number	Description INATTENTIVE DRIVING					
	9	Al389070 001 346.89(1) INATTENTIVE DRIVING								