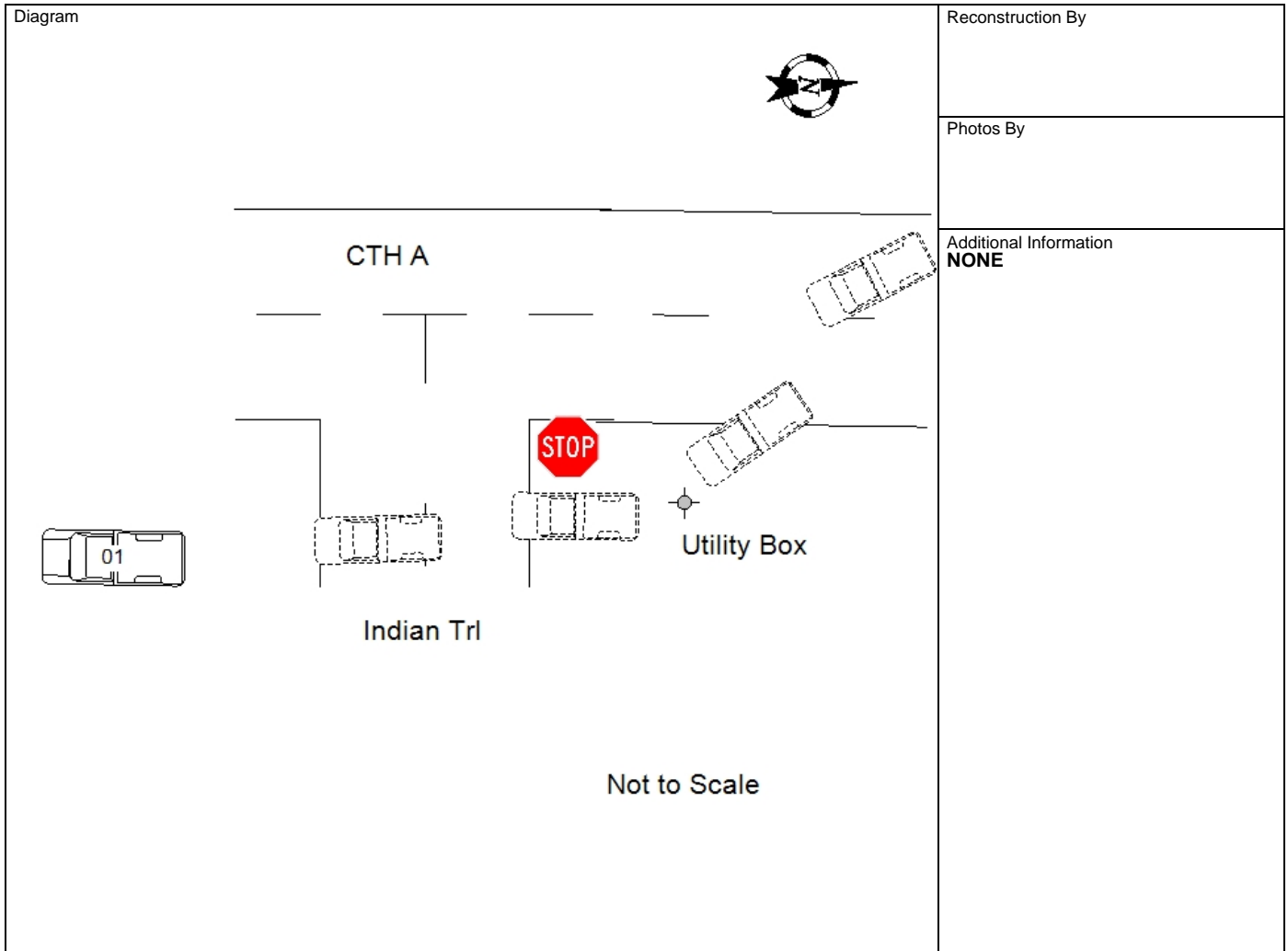


WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL09PBQBQ

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|---|--|---|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 19-02319 | | Investigating Officer/Deputy DEPUTY B. STODDARD | |
| Crash Date 02/25/2019 | | Crash Time 05:15 AM | | Date Arrived 02/25/2019 | | Time Arrived 07:55 AM | |
| Date Notified 02/25/2019 | | Time Notified 07:35 AM | | Total Units 01 | | Total Injured 01 | 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 checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Description



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

UNIT 1 WAS SOUTHBOUND ON CTH A. UNIT 1 OPERATOR STATED HE SAW DEER NEAR THE WEST SHOULDER OF CTH A. UNIT 1 OPERATOR VEEED INTO THE NORTHBOUND LANE OF CTH A. UNIT 1 OPERATOR GOT OUT OF THE WHEEL TRACKS OF CTH A AND LOST CONTROL ON THE SLIPPERY ROAD. UNIT 1 ENTERED THE EAST DITCH AND TRAVELED THE EAST DITCH SOUTHBOUND STRIKING A UTILITY BOX, SMALL TREE/BRUSH, AND CONTINUED SOUTH TRAVELING OVER INDIAN TRAIL PARKWAY. UNIT 1 CAME TO REST IN THE SOUTHEAST CORNER OF CTH A/INDIAN TRAIL PARKWAY FACING SOUTH.

WISCONSIN MOTOR VEHICLE CRASH REPORT

Location

| | | |
|--|-------------------------------------|----------------------------------|
| ON CTHA SB 93 FT N OF INDIAN TRAIL PKWY IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.583269193 | Longitude -89.73782002 |
| | X Coordinate 278962.90625 | Y Coordinate 4829231.5 |
| | Structure Type | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event OTHER FIXED OBJECT | First Harmful Event Location SHOULDER LEFT | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) ICE | Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - 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 01 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type TRUCK | | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | Operating As Endorsements | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | | |
| | Insurance? YES | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | Total Lanes 2 | | |
| | Most Harmful Event: Collision With OTHER FIXED OBJECT | | 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 LEVEL | | |
| | Truck Bus or HazMat NO | | | | | | |
| | UNIT 01 VEHICLE | Vehicle | | | | | |
| | | License Plate Number MB3499 | | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES | |
| Vehicle Identification Number 3GCRKSE36AG290984 | | Make CHEVROLET | Year 2010 | Model SILVERADO | | | |
| Color GRY - GRAY | | Body Style PK - PICKUP | | Bus Use NOT A BUS | | | |
| Initial Contact Point 12--FRONT | | Vehicle Damage 1--RIGHT FRONT CORNER, 6--REAR, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER | | | | | |
| Extent Of Damage DISABLING DAMAGE | | | | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | |
|---|---|---|--|---|---|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By INTERSTATE BP | | |
| | What Driver Was Doing LEAVING TRAVEL LANE | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions SPEED TOO FAST/COND | | | | |
| 01 | 01 | Owner Name JERY W ROMANOWSKI (608) 408-0093 | | Owner Address N8511 FOX RUN RD WISCONSIN DELLS, WI 53965 , US | |
| Sequence Of Events | | | | | |
| | 01 | Event DITCH | | | |
| | 02 | Event OTHER FIXED OBJECT | | | |
| | 03 | Event DITCH | | | |
| | 04 | Event | | | |
| UNIT | Policy Holder | | | | |
| | Insurance Company INTEGRITY-MUTUAL-INS-CO | | Individual JERY ROMANOWSKI | | |
| UNIT INDIVIDUAL | Individual | | | | |
| | Driver JERY W ROMANOWSKI (608) 408-0093 | | Citations Issued 1 | Sex MALE | |
| | Address N8511 FOX RUN RD WISCONSIN DELLS, WI 53965 , US | | Date of Birth | Race WHITE | |
| | Driver License Number | | STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| UNIT INDIVIDUAL | 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 | | |
| | 01 | 001 | Injury | | Injury Severity POSSIBLE 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 UNKNOWN | | | |
| Distracted By Action UNKNOWN | | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | |
|-------------------------------|----------------------------|--|------------------------------------|--|----------------------|--|
| UNIT | Non Motorist | Striking Unit # | Location | | | |
| | | Prior Action | | | | |
| | INDIVIDUAL | 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 | |
| | 01 | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results | | |
| | | Drug Type | | | | |
| | | Individual Condition APPEARED NORMAL | | | | |
| | 02 | Violations | | | | |
| UTC Number AD978943 | | Issue To? 001 | Statute Number 346.70(1) | Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT | | |
| Property Owner | | | | | | |
| PROP OWNER | 01 | Organization/Company UNKNOWN-FIBER/TELEPHONE BOX | | Address , , | | |
| | | Fixed Objects Struck | | | | |
| 01 | Striking Unit 01 | Struck Object OTHER FIXED OBJECT | | Structure Number | Damage Tag Number | |