



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

Location

ON TRAP SHOOT RD 567 FT E OF CTHA EB IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude <b>43.5033748</b>	Longitude <b>-89.736569187</b>
	X Coordinate <b>278771.71875</b>	Y Coordinate <b>4820354.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>WET, ICE</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>CLOUDY, RAIN</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>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</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>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</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>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>HF9780</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTSW21P05ED13512</b>	Make <b>FORD</b>	Year <b>2005</b>	Model <b>F250 SUPER</b>
	<b>VEHICLE</b>	Color		Body Style <b>PK - PICKUP</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>1--RIGHT FRONT CORNER</b>		Vehicle Damage	
Extent Of Damage <b>NO DAMAGE</b>		<b>NO DAMAGE</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>WADE DOYLE PETERSON (608) 397-0251</b>		Owner Address <b>S3714 S BENT TREE DR BARABOO, WI 53913 , US</b>	
		<b>Sequence Of Events</b>			
01	01	01	Event <b>DITCH</b>		
		02	Event		
		03	Event		
		04	Event		
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>DON RICK INSURANCE</b>		Individual <b>WADE PETERSON</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>WADE DOYLE PETERSON (608) 397-0251</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>S3714 S BENT TREE DR BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	001	<b>Safety Equipment</b>		On Duty Crash	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</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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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
	Drug Type					
	Individual Condition <b>NOT OBSERVED</b>					
	<b>01</b>	<b>001</b>				