

6TL09426SJ

19-03440B

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-03440B</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>03/26/2019</b>		Crash Time <b>12:40 AM</b>	Date Arrived <b>03/26/2019</b>	Time Arrived <b>01:20 AM</b>	
Date Notified <b>03/26/2019</b>		Time Notified <b>12:47 AM</b>	Total Units <b>01</b>	Total Injured <b>01</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

Diagram <p style="text-align: center;">not to scale</p> <p style="text-align: center;">River Rd</p>	Reconstruction By
	Photos By <b>A KULAS</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS WESTBOUND ON RIVER RD. UNIT 1 ENTERED THE NORTH DITCH AND STUCK A CULVERT. UNIT 1 THEN CONTINUED WEST BOUND WHILE OPERATING ON THE FROM PASSENGER RIM. UNIT 1 THEN ENTERED THE SOUTH DITCH AND STRUCK A MAIL BOX. UNIT 1 CONTINUED TO OPERATE IN THE DITCH AND STRUCK A UTILITY POLE BEFORE COMING TO REST UP AGAINST A CULVERT

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## Location

ON RIVER RD 0.41 MI E OF OLD BLUFF TRL IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.263634402</b>	Longitude <b>-89.770870002</b>
	X Coordinate <b>275113.5</b>	Y Coordinate <b>4793820</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>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</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>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>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>MG7633</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FT7W2BT3CEA23926</b>	Make <b>FORD</b>	Year <b>2012</b>	Model <b>F250 SUPER</b>
		Color <b>WHI - WHITE</b>	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>DISABLING DAMAGE</b>	<b>ALL AREAS</b>		

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILURE TO CONTROL</b>			
01	01	Owner Name <b>DANIEL JOHN SLITER (608) 370-4042</b>		Owner Address <b>S10348 OLD BLUFF TRL SAUK CITY, WI 53583 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>CULVERT</b>		
	02	Event <b>MAILBOX</b>		
	03	Event <b>UTILITY POLE</b>		
	04	Event <b>CULVERT</b>		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>DANIEL SLITER</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DANIEL JOHN SLITER (608) 370-4042</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>S10348 OLD BLUFF TRL SAUK CITY, WI 53583 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 001	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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		
Distracted By Action <b>UNKNOWN</b>				

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CRASH REPORT

<b>UNIT</b>	<b>Non Motorist</b>	Striking Unit #	Location			
		Prior Action				
	<b>INDIVIDUAL</b>	Action				
		Action Other			To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST GIVEN</b>	Alcohol Test Type <b>BLOOD</b>		Alcohol Test Results <b>PENDING</b>	
	<b>01</b>	<b>001</b>	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>			
	<b>01</b>	<b>Violations</b>				
UTC Number <b>AE754505</b>		Issue To? <b>001</b>	Statute Number <b>346.63(1)(a)</b>	Description <b>OPERATING WHILE UNDER THE INFLUENCE</b>		
<b>Property Owner</b>						
<b>PROP OWNER</b>	<b>01</b>	Organization/Company <b>ALLIANT ENERGY (800) 255-4268</b>		Address <b>4902 N BILTMORE MADISON, WI 53707 1077, US</b>		
		<b>Fixed Objects Struck</b>				
<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>UTILITY POLE</b>		Structure Number	Damage Tag Number	