

6TL09KMM07

19-04248

# 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<br><b>19-04248</b> | Investigating Officer/Deputy<br><b>DEPUTY S. FINNEGAN</b> |  |
| Crash Date<br><b>04/14/2019</b>                |   | Crash Time<br><b>02:50 AM</b>                | Date Arrived<br><b>04/14/2019</b>      | Time Arrived<br><b>06:32 AM</b>                           |  |
| Date Notified<br><b>04/14/2019</b>             |   | Time Notified<br><b>06:10 AM</b>             | Total Units<br><b>01</b>               | Total Injured<br><b>00</b>                                | Total Killed<br><b>00</b>                    |
| <input type="checkbox"/> On Emergency          | <input checked="" 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<br><b>NO</b>              |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |   | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                          | <input type="checkbox"/> Secondary Crash     |

## Description

|                |                                       |
|----------------|---------------------------------------|
| <p>Diagram</p> | Reconstruction By                     |
|                | Photos By                             |
|                | Additional Information<br><b>NONE</b> |

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

UNIT 1 WAS E/B ON SAUK PRAIRIE RD WHEN IT WENT ONTO THE SHOULDER AND HIT A MAILBOX AT E11151. UNIT 1 DRIVER DID NOT STOP AND CONTINUED E/B WHERE IT EVENTUALLY CRASHED AGAIN A FEW MILES AWAY. DRIVER LEFT THE SCENE OF THAT CRASH AS WELL LEAVING UNIT 1 THERE WHICH WAS NOT REGISTERED IN HIS OR HER NAME. AS OF THIS POINT THE DRIVER HAS NOT BEEN IDENTIFIED.

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## Location

|   |                                       |                                   |
|---|---------------------------------------|-----------------------------------|
| ON SAUK PRAIRIE RD<br>0.38 MI W<br>OF USH12 EB<br>IN THE TOWN OF PRAIRIE DU SAC<br>IN SAUK COUNTY | Latitude<br><b>43.281786428</b>       | Longitude<br><b>-89.766612385</b> |
|   | X Coordinate<br><b>275525.84375</b>   | Y Coordinate<br><b>4795824.5</b>  |
|   | Structure Type<br><b>NO STRUCTURE</b> |                                   |

## Crash Scene

|   |   |   |
|---|---|---|
| First Harmful Event<br><b>MAILBOX</b>                             | First Harmful Event Location<br><b>SHOULDER RIGHT</b>                 |   |
| Manner of Collision<br><b>NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DARK/UNLIT</b>                                  |   |
| Road Surface Condition(s)<br><b>DRY</b>                           | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>NONE</b>                              |   |   |
| Weather Condition(s)<br><b>CLOUDY</b>                             |   |   |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>         | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |   |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>                                   | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                              | Junction Location<br><b>NON-JUNCTION</b>                              | Intersection Type<br><b>NOT AN INTERSECTION</b> |

## Unit Summary

|             |  |   |  |  |                                |
|-------------|--|---|--|--|--------------------------------|
| <b>UNIT</b> | Unit Status<br><b>HIT AND RUN</b>                    | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b>                       |                                |
|             | Vehicle Type<br><b>PASSENGER CAR</b>                 | Operating As Endorsements                             |  |  |                                |
|             | Total Occs<br><b>1</b>                               | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>               | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|             | Insurance?<br><b>UNKNOWN</b>                         | Direction Of Travel<br><b>EASTBOUND</b>               | <input type="checkbox"/> <b>Pre CrashTire Mark</b> | Speed Limit<br><b>55</b>                             | Total Lanes<br><b>2</b>        |
|             | Most Harmful Event: Collision With<br><b>MAILBOX</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        |  | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|             | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>           | Traffic Control<br><b>NO CONTROL</b>                  |  | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|             | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>         | Road Curvature<br><b>STRAIGHT</b>                     |  | Road Grade<br><b>DOWNHILL</b>                        |                                |
|             | Truck Bus or HazMat<br><b>NO</b>                     |   |  |  |                                |

|             |                |   |   |                     |   |
|-------------|----------------|---|---|---------------------|---|
| <b>UNIT</b> | <b>VEHICLE</b> | <b>Vehicle</b>  |   |                     |   |
|             |                | License Plate Number<br><b>ACH2545</b>                    | Plate Type<br><b>AUT - AUTOMOBILE</b>   | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|             |                | Vehicle Identification Number<br><b>JHMEJ6679YS008431</b> | Make<br><b>HONDA</b>                    | Year<br><b>2000</b> | Model<br><b>CIVIC LX</b>                    |
|             |                | Color<br><b>BLK - BLACK</b>                               | Body Style<br><b>4D - 4DR</b>           |                     | Bus Use<br><b>NOT A BUS</b>                 |
|             |                | Initial Contact Point<br><b>12--FRONT</b>                 | Vehicle Damage                          |                     |   |
|             |                | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>              | <b>1--RIGHT FRONT CORNER, 12--FRONT</b> |                     |   |

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|   |   |                       |  |   |
|---|---|-----------------------|--|---|
| UNIT<br>VEHICLE                             | Towed Due To Damage<br><b>NOT TOWED</b>                         |                       | Vehicle Removed By<br><b>OPERATOR</b>                              |   |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>                  |                       | Vehicle Factors  |   |
|   | Driver Prior Action Other                                       |                       | <b>UNKNOWN</b>   |   |
|   | Driver Actions<br><b>UNKNOWN</b>                                |                       |  |   |
| 01<br>01                                    | Owner Name<br><b>JOSHUA W STROHKIRCH</b>                        |                       | Owner Address<br><b>421 SPRUCE ST<br/>SAUK CITY, WI 53583 , US</b> |   |
|   | <b>Sequence Of Events</b>                                       |                       |  |   |
| 01<br>02<br>03<br>04                        | Event<br><b>RUN OFF ROADWAY RIGHT</b>                           |                       |  |   |
|   | Event<br><b>MAILBOX</b>   |                       |  |   |
|   | Event<br><b>REENTERING ROADWAY</b>                              |                       |  |   |
|   | Event   |                       |  |   |
| UNIT<br>INDIVIDUAL                          | <b>Individual</b>   |                       |  |   |
|   | Driver  |                       | Citations Issued<br><b>0</b>                                       | Sex   |
|   |   |                       | Date of Birth  | Race  |
|   | Address   |                       | Driver License Number  |   |
| 01<br>001                                   | <b>Safety Equipment</b>   |                       | On Duty Crash  |   |
|   |   |                       | Safety Equipment   |   |
|   | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b> |                       | <b>RESTRAINT USE UNKNOWN</b>                                       |   |
|   | Helmet Use  |                       | Helmet Compliance  |   |
|   | Eye Protection  |                       | Tint Compliance  |   |
|   | <b>Injury</b>   |                       | Injury Severity<br><b>NO APPARENT INJURY</b>                       | Airbag<br><b>NOT APPLICABLE</b>             |
|   | Ejected<br><b>NOT APPLICABLE</b>                                |                       | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                 | Trapped/Extricated<br><b>NOT APPLICABLE</b> |
| Medical Transport<br><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>Non Motorist</b>                         |   | Striking Unit #       | Location   |   |

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|-------------|-------------------|---|--|-----------------------|----------------------|--|
| <b>UNIT</b> | <b>INDIVIDUAL</b> | Prior Action                                |  |                       |                      |  |
|             |                   | Action                                      |  |                       |                      |  |
|             |                   | Action Other                                |  |                       | To/From School       |  |
|             |                   | <b>Drug &amp; Alcohol</b>                   |  | Suspected Alcohol Use | Suspected Drug Use   |  |
|             |                   | Alcohol Test Given<br><b>TEST NOT GIVEN</b> |  | Alcohol Test Type     | Alcohol Test Results |  |
|             |                   | Drug Test Given<br><b>TEST NOT GIVEN</b>    |  | Drug Test Type        | Drug Test Results    |  |
|             |                   | Drug Type                                   |  |                       |                      |  |
|             |                   | Individual Condition                        |  |                       |                      |  |
|             |                   | <b>NOT OBSERVED</b>                         |  |                       |                      |  |

|                       |  |
|-----------------------|--|
| <b>Property Owner</b> |  |
| <b>PROP OWNER 01</b>  | Individual<br><b>RANDALL S WENDT</b><br>(608) 643-6154                           |
|                       | Address<br><b>E11151 SAUK PRAIRIE RD</b><br><b>PRAIRIE DU SAC, WI 53578 , US</b> |

|                             |                            |                                 |                  |                   |
|-----------------------------|----------------------------|---------------------------------|------------------|-------------------|
| <b>Fixed Objects Struck</b> |                            |                                 |                  |                   |
| <b>01</b>                   | Striking Unit<br><b>01</b> | Struck Object<br><b>MAILBOX</b> | Structure Number | Damage Tag Number |