

6TL0B7D6RH

19-06970

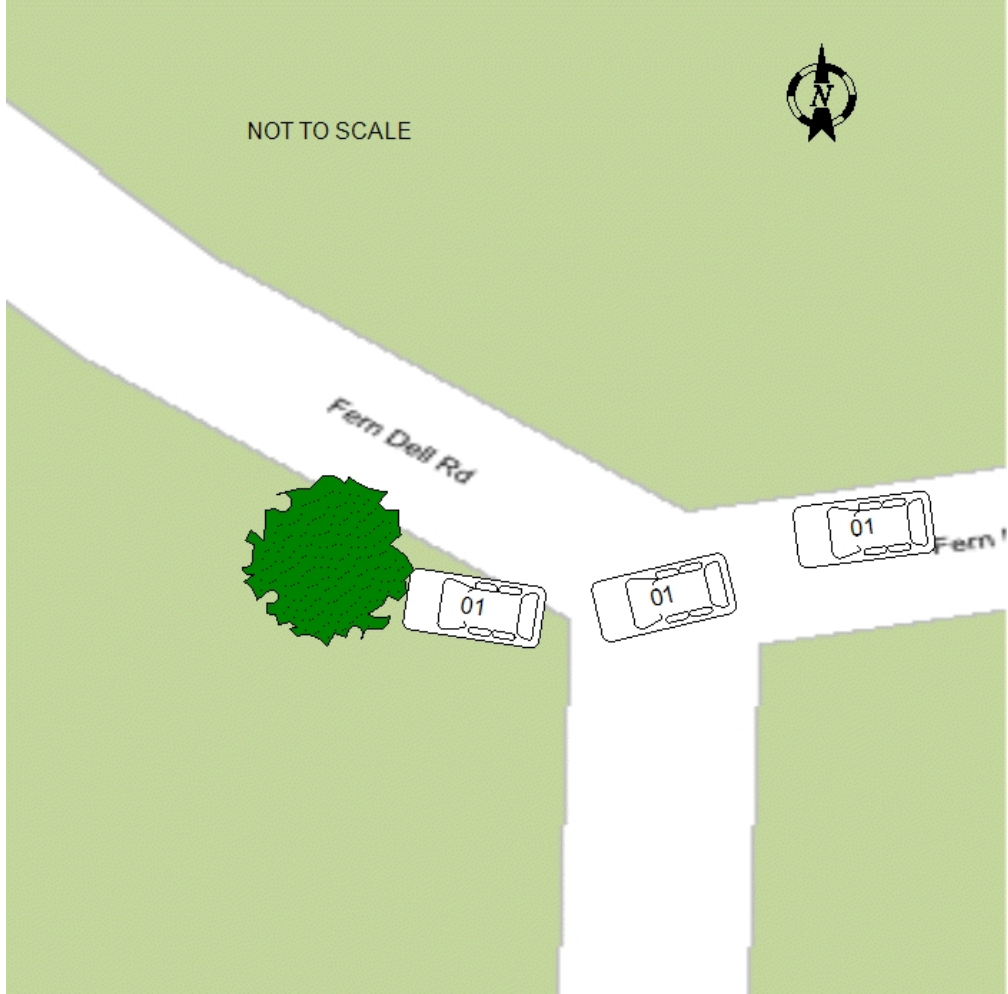
WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0B7D6RH

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|---|--|--|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 19-06970 | | Investigating Officer/Deputy DEPUTY A. SUKOWATEY | |
| Crash Date 06/12/2019 | | Crash Time 03:12 AM | | Date Arrived 06/12/2019 | | Time Arrived 03:16 AM | |
| Date Notified 06/12/2019 | | Time Notified 03:12 AM | | Total Units 01 | | Total Injured 03 | 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

| | |
|--|---|
| Diagram  | Reconstruction By |
| | Photos By DEPUTY SUKOWATEY |
| | Additional Information PHOTOS |

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

THE OPERATOR OF UNIT ONE WAS TRAVELING WESTBOUND ON FERN DELL ROAD NEAR SOUTH ROAD WHEN HE FAILED TO NEGOTIATE A RIGHT TURN IN THE ROADWAY, CAUSING HIM TO CROSS THE CENTER LINE AND ENTER THE SOUTH DITCH BEFORE COMING TO REST AGAINST A TREE. THE DRIVER AND REAR PASSENGER FLED THE SCENE. THE FRONT PASSENGER WAS COMPLAINING OF AN INJURY TO HER LEG. LAKE DELTON POLICE ISSUED THE OPERATOR 12 CITATIONS AND THE LAKE DELTON POLICE REPORT CASE # IS 2019-0911.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON FERN DELL RD 61 FT W OF TURTLEVILLE RD IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.56001143 | Longitude -89.823220138 |
| | X Coordinate 271980.0625 | Y Coordinate 4826879 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | | |
|---|--|--|---------------|
| First Harmful Event DITCH | | First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY) | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) DRY | | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | | |
| Weather Condition(s) CLOUDY, RAIN | | | |
| Animal Type | | Relation To Trafficway TRAFFICWAY - NOT 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 AUTOMOBILE | | |
| | Vehicle Type PASSENGER CAR | | | | Operating As Endorsements | | |
| | Total Occs 3 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | | |
| | Insurance? UNKNOWN | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 35 | Total Lanes 2 | | |
| | Most Harmful Event: Collision With TREE | | 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 CURVE RIGHT | | Road Grade SAG(BOTTOM) | | |
| | Truck Bus or HazMat NO | | | | | | |
| | UNIT 01 VEHICLE 01 | Vehicle | | | | | |
| | | License Plate Number AEZ2062 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| Vehicle Identification Number 2G2WP552261307085 | | Make PONTIAC | Year 2006 | Model GRAND PRIX | | | |
| Color YEL - YELLOW | | Body Style 4D - 4DR | | Bus Use NOT A BUS | | | |
| Initial Contact Point 12--FRONT | | Vehicle Damage 1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE | | | | | |
| Extent Of Damage DISABLING DAMAGE | | | | | | | |

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| | | | | |
|--|--|--|---|--|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By PLATTS WRECKER | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions EXCEED SPEED LIMIT, SPEED TOO FAST/COND | | | |
| 01 | Owner Name SETH MICHAEL BERANEK | | Owner Address N6905 SANDSTONE DR MAUSTON, WI 53948 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event CROSS CENTERLINE | | | |
| | Event DITCH | | | |
| | Event TREE | | | |
| | Event | | | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver SETH MICHAEL BERANEK | | Citations Issued 0 | Sex MALE |
| | Date of Birth | | Race WHITE | |
| | Address N6905 SANDSTONE DR MAUSTON, WI 53948 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | Safety Equipment RESTRAINT USE UNKNOWN | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | Injury | | Injury Severity POSSIBLE INJURY | |
| | Airbag DEPLOYED-FRONT | | | |
| | 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 | | | | |
| Non Motorist | | Striking Unit # | | |
| Location | | | | |

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| | | | | | |
|--|------------|---|--|---|----------------------|
| UNIT | INDIVIDUAL | Prior Action | | | |
| | | Action | | | |
| | | Action Other | | | To/From School |
| | | Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO | | | |
| 01 | 001 | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | Alcohol Test Results |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results |
| | | Drug Type | | | |
| | | Individual Condition NOT OBSERVED | | | |
| UNIT | INDIVIDUAL | Individual | | | |
| | | Passenger MACKENZIE JOELLE GRIFFITHS | | Citations Issued 0 | Sex FEMALE |
| | | | | Date of Birth | Race WHITE |
| | | Address 811 SILVER LAKE DR PORTAGE, WI 53901 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | 002 | Safety Equipment | | On Duty Crash | |
| | | Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER | | SHOULDER & LAP BELT | |
| | | Helmet Use | | Helmet Compliance | |
| | | Eye Protection | | Tint Compliance | |
| 01 | 002 | Injury | | Injury Severity SUSPECTED MINOR INJURY | |
| | | | | Airbag DEPLOYED-FRONT | |
| | | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | |
| | | Trapped/Extricated NOT TRAPPED | | | |
| Medical Transport EMS GROUND | | EMS Agency Identifier 6000123 | | EMS Run # | |
| Hospital ST CLARE HOSP | | Date of Death | | Time of Death | |
| Distracted By | | Distracted By Source | | | |
| Distracted By Action | | | | | |
| Non Motorist | | Striking Unit # | | Location | |

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|------|------------|---|--|------------------------------|
| UNIT | INDIVIDUAL | Prior Action | | |
| | | Action | | |
| | | Action Other | | To/From School |
| | | Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO | | |
| 01 | 002 | Alcohol Test Given | Alcohol Test Type | Alcohol Test Results |
| | | TEST NOT GIVEN | | |
| | | Drug Test Given | Drug Test Type | Drug Test Results |
| | | TEST NOT GIVEN | | |
| | | Drug Type | | |
| | | Individual Condition | | |
| | | NOT OBSERVED | | |
| UNIT | INDIVIDUAL | Individual | | |
| | | Passenger | Citations Issued | Sex |
| | | ABDULLAHI O YUSEF | 0 | MALE |
| | | Date of Birth | Race | |
| | | | BLACK | |
| | | Address | Driver License Number | |
| | | 212 PARKVIEW LANE VERONA, WI 53593 , US | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | 003 | Safety Equipment | On Duty Crash | Safety Equipment |
| | | | | RESTRAINT USE UNKNOWN |
| | | Seat Position | | |
| | | UNKNOWN | | |
| | | Helmet Use | Helmet Compliance | |
| | | Eye Protection | Tint Compliance | |
| | | Injury | Injury Severity | Airbag |
| | | | SUSPECTED MINOR INJURY | DEPLOYED-FRONT |
| | | Ejected | Ejection Path | Trapped/Extricated |
| | | NOT EJECTED | NOT EJECTED/NOT APPLICABLE | NOT TRAPPED |
| | | Medical Transport | EMS Agency Identifier | EMS Run # |
| | | NOT TRANSPORTED | | |
| | | Hospital | Date of Death | Time of Death |
| | | Distracted By | Distracted By Source | |
| | | Distracted By Action | | |
| | | Non Motorist | Striking Unit # | Location |
| | | Prior Action | | |

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| | | | | |
|--------------------|--------------|---|-----------------------------|--------------------------|
| UNIT INDIVIDUAL | Action | | | |
| | Action Other | | | To/From School |
| | 01 003 | Drug & Alcohol | Suspected Alcohol Use NO | 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 |
| | | Drug Type | | |
| | | Individual Condition APPEARED NORMAL, NOT OBSERVED | | |