

6TL0BGSFDK
19-07690

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0BGSFDK

Document Number Override		Primary Crash Document #	Agency Crash Number 19-07690	Investigating Officer/Deputy DEPUTY B. LUBER	
Crash Date 06/26/2019		Crash Time 10:25 AM	Date Arrived 06/26/2019	Time Arrived 10:55 AM	
Date Notified 06/26/2019		Time Notified 10:33 AM	Total Units 02	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 NOT TO SCALE		Reconstruction By
		Photos By
		Additional Information OTHER DOCUMENTS

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

U1 WAS OPERATING ON CTH G. U2 WAS TURNING AROUND IN THE ROADWAY ON CTH G. OPERATOR OF U1 STATED SHE HONKED ON THE HORN, TRIED TO AVOID COLLIDING WITH U2 AND CAME TO REST IN A CULVERT/WATER AREA. OPERATOR OF U2 STATED HE WAS AT THE BOTTOM OF THE DRIVEWAY TURNING AROUND IN THE ROADWAY TURNING AROUND WHEN HE WAS STRUCK BY U1. FENCE OWNER NOTIFIED OF DAMAGE. SHIELDS REMOVED THE VEHICLE. FURTHER INFO IN AGENCY AREA.

Location

ON S1106 CTHG NB 1140 FT E OF ROEHERS DR (FIRE S1106) IN THE TOWN OF WOODLAND IN SAUK COUNTY	Latitude 43.604354928	Longitude -90.257619209
	X Coordinate 237086.890625	Y Coordinate 4833088.5
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03--FRONT TO FRONT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
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	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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	VEHICLE	Vehicle			
		License Plate Number 663ZLM	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5GAKVCED5BJ300719	Make BUICK	Year 2011	Model ENCLAVE
		Color BRO - BROWN	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	ALL AREAS		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SHIELDS TOWING		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
Driver Prior Action Other	NOT APPLICABLE				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name CHRISTINA MARIE FROST (608) 448-8085	Owner Address E2810 LA VALLE, WI 53941 , US	
UNIT	01	Sequence Of Events		
		01	Event MOTOR VEH IN TRANSPORT	
		02	Event FENCE	
		03	Event DITCH	
04	Event IMMERSION, FULL OR PARTIAL			
UNIT	01	Policy Holder		
		Insurance Company USAA-CASUALTY-INS-CO	Individual CHRISTINA FROST	
UNIT	INDIVIDUAL	Individual		
		Driver CHRISTINA MARIE FROST (608) 448-8085	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE	
	Address E2810 LA VALLE, WI 53941 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	001	Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance	
		Helmet Use	Tint Compliance	
		Eye Protection	Airbag DEPLOYED-COMBINATION	
		Injury	Injury Severity POSSIBLE INJURY	
		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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
Non Motorist		Striking Unit #	Location	
Prior Action				

UNIT 01	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	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition APPEARED NORMAL			
		Individual			
		Passenger KEEGAN M FROST (608) 448-8085	Citations Issued 0	Sex FEMALE	
		Address E2810 LA VALLE, WI 53941 , US		Date of Birth WHITE	
UNIT 01	INDIVIDUAL	Driver License Number			
		Safety Equipment	On Duty Crash		Safety Equipment
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-COMBINATION	
		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		
Distracted By Action					
Non Motorist	Striking Unit #		Location		
Prior Action					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT 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
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		
	Individual		
	Passenger KLAIRE E FROST (608) 448-8085	Citations Issued 0	Sex FEMALE
	Address E2810 LA VALLE, WI 53941 , US	Date of Birth	Race WHITE
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment BOOSTER SEAT
	Seat Position 6--SECOND SEAT-RIGHT SIDE		
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-COMBINATION
	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	
	Distracted By Action		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location
	Prior Action		

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			

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification O CLASS	Unit Type EQUIPMENT			
		Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE)	Operating As Endorsements				
UNIT	02	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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	VEHICLE	Vehicle			
		License Plate Number	Plate Type	St	Country of Issuance
		Vehicle Identification Number RF3YAK112GT003636	Make POLARIS	Year	Model OUTLAW 110
		Color BLU - BLUE	Body Style AT - ALL TERRAIN VEHICLE	Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	11--LEFT FRONT CORNER, 12--FRONT		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing U TURN	Vehicle Factors		
Driver Prior Action Other	NOT APPLICABLE				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions IMPROPER TURN		
		Owner Name BENJAMIN D BRONK (608) 415-1337	Owner Address 30920 CTY RD WW ELROY, WI 53929 , US	
02	02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	INDIVIDUAL	Individual		
		Driver DYLAN BENJAMIN BRONC (608) 415-3089	Citations Issued 0	
			Sex MALE	
			Date of Birth Race WHITE	
	Address 1818 BADGER LN REEDSBURG, WI 53959 , US	Driver License Number		
02	004	Safety Equipment	On Duty Crash	Safety Equipment
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	NONE USED - VEHICLE OCCUPANT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity POSSIBLE INJURY	Airbag NOT APPLICABLE
		Ejected TOTALLY EJECTED	Ejection Path OTHER PATH (E.G., BACK OF PICKUP TRUCK, TRAILER)	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		
Prior Action				

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UNIT	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	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
		Drug Type				
		Individual Condition APPEARED NORMAL				

Property Owner

PROP OWNER	01	Individual CHRISTOPHER J MCCANN (608) 393-7617	Address S1011 COUNTY ROAD G WONEWOC, WI 53968 , US

Fixed Objects Struck

01	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	01	FENCE		

Witness

WITN ESS	01	Individual CARL ALOIS ROTT (608) 985-7151	Address E1344 HIGHWAY G WONEWOC, WI 53968 , US	Date of Birth