# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

							(608) 356-4895	
Document Number Overr	ide Primary Crash	Primary Crash Document #  Crash Time 10:25 AM		19-07690         DEPU           Date Arrived         Time A		Investigating Officer/Deputy DEPUTY B. LUBER  Time Arrived 10:55 AM		
Crash Date 06/26/2019								
Crash Date 06/26/2019 Date Notified 06/26/2019  On Emergency  Government Property	Time Notified 10:33 AM	_	Total Units <b>02</b>		Total Injured 03	Total Kille	Total Killed <b>00</b>	
On Emergency	Hit and Run	Lane Closu		Work Zone	Trailer or T	owed	Reporting Threshold	
Government Property	Active So	chool Zone	School Bus NO	Related	Tags			
<b>✓</b> Reportable	Crash Type DT4000 (STA	ANDARD CRASH	1)		Amended		Secondary Crash	
Description =								
Diagram NOT TO SCALE						construction	n By	
					Add	litional Info	rmation CUMENTS	
CTH G								
U1	U1 (122422) 222							
	DRIVEWAY							
	S1106 CTH G							
, a sworn law enf	forcement officer, agr	ee that I have no	ot added an	y CJIS data in th	is report.			
TRIED TO AVOID COLLI DRIVEWAY TURNING A		ME TO REST IN A C AY TURNING AROL	CULVERT/WA	TER AREA. OPERA	ATOR OF U2 STATED	HE WAS	ONKED ON THE HORN, AT THE BOTTOM OF THE D OF DAMAGE. SHIELDS	
Location								
ON S1106 CTHG NB 1140 FT E OF ROEHERS DR				Latitude <b>43.604354</b> 9			7619209	
(FIRE S1106)				X Coordinate <b>237086.890</b>	0625	Y Coord 48330		
IN THE TOWN OF WO	JUIJI ANI)			Structure Tvr	Je			

IN SAUK COUNTY

FIRE

# WISCONSIN MOTOR VEHICLE CRASH REPORT

First Harmful Event Location

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

### Crash Scene First Harmful Event

									ON ROADWAY			
		ner of Collision			Light Condition							
	03	FRONT TO FRONT							DAYLIGHT			
	Road	Surface Condition(s)	Roadway Factor(s)									
	DRY	•										
	Envi	onment Factor(s)										
	NON	NE					NONE					
	Wea	ther Condition(s)										
	CLE	AR										
	Anim	al Type					Relation T		N ROAD			
	Cras	h Classification - Location	n				Crash Clas	sification -	Jurisdiction			
		SLIC PROPERTY							RISDICTION			
	Triba	ll Land					Access Co				Special Study	
	1400		T				NO CON	IROL				
	NO	n Interchange Area	Junction Loca NON-JUNC			Intersectio NOT AN	n rype INTERSE	CTION				
	Uni	Summary =				I						
		Status			Vehicle Ope	rating As Cl	assification		Unit Type			
	IN T	RANSIT			D CLASS				AUTOMO	BILE		
_	Vehi	cle Type							Operating As Endorsements		ments	
6	(SP	ORT) UTILITY VEHIC	LE									
	Total Occs Train/Bus # Recorded		Recorded	Total # Citations Issued			Total Trai	lers		Mat Types		
	3				0		0		0			
		ance?	Direction O		Pre CrashTire				Limit Total Land		Lanes	
UNIT	YES	Harmful Event: Collision	NORTHB	OUND	Mark Special Function			55	Emergency Motor Vehicle Use		iclo I Iso	
5		TOR VEH IN TRANSF			NO SPECIAL FUNCTION				NOT APP			
	Traff	ic Way			Traffic Conti			Traffic Control Inoperative/Missing NO		tive/Missing		
		D-WAY, NOT DIVIDE	כ		NO CONT							
		асе Туре			Road Curva				Road Grade  LEVEL			
		CKTOP (BITUMINOL	JS)		STRAIGH	Т						
		k Bus or HazMat										
	NO											
	,	Vehicle										
		License Plate Number			Plate Type		_	St	Country of Is			
		663ZLM				TOMOBIL	.E	WI	UNITED ST	TATES		
5	5	Vehicle Identification Nu 5GAKVCED5BJ300			Make BUICK			Year <b>2011</b>	Model ENCLAVE			
		Color			Body Style			_	Bus Use NOT A BUS			
		BRO - BROWN			Vehicle Da	RT UTILIT	Y VEHICI	-E	NOT A BO			
_	쁜	Initial Contact Point  12FRONT			Verlicie Da	mage						
LNO	읒	Extent Of Damage			ALL ARE	AS						
_	VEHICL	DISABLING DAMAG	SE									
		Towed Due To Damage	Vehicle Re	moved By								
		TOWED DUE TO DI	SABLING DA	MAGE	SHIELDS	TOWING						
		What Driver Was Doing			Vehicle Fac	ctors						
		GOING STRAIGHT			J.,	=						
		Driver Prior Action Othe	r		NOT APP	LICABLE						

### WISCONSIN MOTOR VEHICLE CRASH REPORT

	щ	Driver Actions NO CONTRIBUTING AC	TION									
L NO	VEHICLE											
	VE											
_	1	Owner Name CHRISTINA MARIE FRO	ST		Owner Address E2810							
6	01	(608) 448-8085			LA VALLE, WI 53941	, US						
		Sequence Of Events	5									
	Event MOTOR VEH IN TRANSPORT											
	02	Event FENCE										
	03	Event DITCH										
	04	Event IMMERSION, FULL OR I	PARTIAL									
_	i	Policy Holder										
L		Insurance Company			Individual							
		USAA-CASUALTY-INS-CO			CHRISTINA FROST							
		ndividual  Driver			Citations Issued	Sex						
	_	CHRISTINA MARIE FROST			0		FEMALE					
_	INDIVIDUAL	(608) 448-8085			Date of Birth		Race WHITE					
	IVI	Address			Driver License Number							
	N	E2810   LA VALLE, WI 53941 , US			STATE: WISCONSIN COUNTRY: UNITED STATES							
	Saf	fety Equipment	ty Crash		Safety Equipment							
		Seat Position			SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT S Helmet Use	SIDE (DRIVE	R/MOTORCY	Helmet Compliance							
		Heimet Ose			Tolliet compitation							
		Eye Protection			Tint Compliance							
7	001	Injury	Severity		Airbag							
٥	Ō	Injury POSS			DEPLOYED-COMBINAT	TION	Towns of Contring to a					
		Ejected NOT EJECTED	Ejection Pa	ath CTED/NOT APPI	I ICABI F		Trapped/Extricated NOT TRAPPED					
		Medical Transport	1	0.25/0.7	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED										
		Hospital			Date of Death Time of Death		Time of Death					
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)											
		Distracted By Action NOT DISTRACTED										
		Non Motorist Strikin	g Unit #	Location								
		Prior Action		-								

### WISCONSIN MOTOR VEHICLE CRASH REPORT

							` '	
		Action						
	_							
	INDIVIDUAL							
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LINO	□							
5	>							
_	$\overline{\Box}$							
	Z							
	=							
		Action Other					To/From School	
		Support	ed Alcohol Use	Suspected Drug Use				
		Drug & Alcohol NO	ed Alconol Ose	NO				
	L	orug & Alcohol No		NO				
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN						
		Drug Test Given	Drug Test Type		Drug Test Results			
		TEŠT NOT GIVEN						
		Drug Type	I		<u> </u>			
0	001	Drug Type						
9	Ö							
		Individual Condition						
		marriada comanion						
		APPEARED NORMAL						
		ALL EARLD HORMAL						
	- 1	ndividual						
	Ī	Passenger		Citations Issued		Sex		
		KEEGAN M FROST						
	_			0		FEMALE		
	⋖	(608) 448-8085		Date of Birth		Race		
	$\geq$					WHITE		
	INDIVIDUAL							
5	$\leq$	Address		Driver License Number				
_		E2810						
	=	LA VALLE, WI 53941 , US	5					
	0-4	On Duty	Crash	Safety Equipment				
	Sat	ety Equipment						
		Seat Position		SHOULDER & LAP BELT				
			/	ONOOLDER & LAI BLET				
		3FRONT SEAT-RIGHT S	IDE (TRAIN ENGINEER					
		Helmet Use		Helmet Compliance				
		Tue Protection		T' + O ''				
		Eye Protection		Tint Compliance				
_	N	Injury Se	everity	Airbag				
6	005	Injury NO ADI	PARENT INJURY	DEPLOYED-COMBI	ΝΔΤΙΩΝ			
	_	5 JIG AI	FINE DA	DEI EGTED-GOMBI	IIA IION	I =		
		Ejected	Ejection Path			Trapped/Extricated		
		NOT EJECTED	<b>NOT EJECTED/NOT APPL</b>	ICABLE		NOT TRAPPED		
		Medical Transport		EMS Agency Identifier		EMS Run #		
		·		Livio Agency Identifier		EWIO IXUIT#		
		NOT TRANSPORTED						
		Hospital		Date of Death		Time of Death		
		Dietroste	ed By Source	I.		l		
		Distracted By	tu by Source					
		Distracted by						
		Distracted By Action						
		<b>,</b>						
		Non Motorica	Unit # Location					
		Non Motorist						
		Prior Action	<b>L</b>					

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Action							
	_								
	INDIVIDUAL								
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LINO	₽∥								
5	≥								
_									
	Z								
		Action Other						To/From School	
	Į.	Susn	ected Alcohol Use		Suspected Drug Use			ı	
		Drug & Alcohol No	00104 7 11001101 000		NO				
	_	orag a Aloonol No			140				
		Alcohol Test Given	Alcohol Test	Туре			Alcohol Test Results		
		TEST NOT GIVEN							
			D T .T						
		Drug Test Given	Drug Test Typ	pe		Drug Test Results			
		TEŠT NOT GIVEN							
	2	Drug Type	I			<u> </u>			
7	002	~g 1,po							
	0								
		Individual Condition							
		APPEARED NORMAL							
	ı	ndividual							
		Passenger			Citations Issued		Sex		
		KLAIRE E FROST			0		FEMALE		
	7	(608) 448-8085							
	<b>^</b>	(666) 116 6666			Date of Birth		Race		
<b>—</b>	ם						WHITE		
	INDIVIDUAL	Address		Driver License Number					
$\overline{}$	$\overline{\Box}$	E2810							
	Z	LA VALLE, WI 53941 ,	US						
		LA VALLE, WI 00041 ,							
	ļ	I On D	outy Crash		Safety Equipment				
	Saf	ety Equipment	aty cracii		Galety Equipment				
	<b>-</b>								
		Seat Position			BOOSTER SEAT				
		6SECOND SEAT-RIGI	HT SIDE						
		Helmet Use			Halmat Camplianas				
		Heimet Ose			Helmet Compliance				
		Eye Protection			Tint Compliance				
		-			·				
			, Soverity		Airbog				
7	003	Injury	/ Severity		Airbag				
0	0	POS	SIBLE INJURY		DEPLOYED-COMBI	NATION			
		Ejected	Ejection Path				Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT A	DDI	ICABI E		NOT TRAPPED		
			NOT EJECTED/NOT A	(FFL					
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
					240 01 20411		io or Bodui		
		Distra	acted By Source						
		Distracted By							
		Distracted By Action							
		Distracted By Action							
	· ·	Striki	ng Unit # Location						
		Non Motorist	-						
			l						
		Prior Action							

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action										
	7											
	INDIVIDUAL											
UNIT	Ճ											
5	⋝											
_												
	Z											
		Action Other							To/From School			
		Sust	pected Alcohol L	Ise	Suspected Drug Use							
	L	Drug & Alcohol NO	, , , , , , , , , , , , , , , , , , , ,		NO							
				I AL								
		Alcohol Test Given		Alcohol Test Ty	pe		Alcohol Tes	t Results				
		TEST NOT GIVEN										
		Drug Test Given		Drug Test Type		Drug Test F	Results					
		TEST NOT GIVEN										
_	က	Drug Type		1								
0	003	3 7, -										
		Individual Condition										
		marriada condition										
		APPEARED NORMAL										
		ALL LANCE ROUGHAL										
	llmi	Summary										
					Valida On anting As Olasa	(f) t'	111.27					
		Status			Vehicle Operating As Class	ilication	Unit Type					
		FRANSIT			O CLASS		EQUIPMENT					
2		cle Type				Operating A	s Endorsem	ents				
02	ATV	//UTV (UTILITY TERRAI	N VEHICLE)									
		I Occs	Train/Bus # Re	corded	Total # Citations Issued	al Trailers	Total HazN	Nat Types				
	1				0		0					
		rance?	Direction Of Tra	2)(0)		ed Limit						
_		ancer			Pre CrashTire	ed Limit						
UNIT	NO		WESTBOUN	U	<u></u> Mark		2					
5		t Harmful Event: Collision With			Special Function		Emergency Motor Vehicle Use NOT APPLICABLE					
		TOR VEH IN TRANSPO	RT		NO SPECIAL FUNCTION	'IN	_					
	Traff	ic Way			Traffic Control	Traffic Cont	rol Inoperativ	ve/Missing				
	TWO	D-WAY, NOT DIVIDED			NO CONTROL	NO	NO					
	Surfa	асе Туре			Road Curvature	Road Grade	Road Grade					
		ACKTOP (BITUMINOUS)	)		STRAIGHT	LEVEL	LEVEL					
		k Bus or HazMat	•				1	1				
		ik Dub di Hazivial										
	NO											
	1	Vehicle										
		License Plate Number			Plate Type	St	Country of Is	suance				
		Vehicle Identification Numb	ner .		Make	Year	r Model					
02	07	RF3YAK112GT003636			POLARIS	1.00.	OUTLAW 1	10				
	0							10				
		Color			Body Style		Bus Use NOT A BUS	•				
		BLU - BLUE			AT - ALL TERRAIN VE	HICLE	NOT A BU	3				
	Щ	Initial Contact Point	<u></u>		Vehicle Damage		. <u></u>					
╘	5	12FRONT										
UNIT	Ī	Extent Of Damage			11LEFT FRONT COR	NER, 12F	RONT					
ر	VEHICL	DISABLING DAMAGE				,						
	>	Towed Due To Damage			Vehicle Removed By							
		NOT TOWED			OPERATOR							
		What Driver Was Doing			Vehicle Factors							
		U TURN			NOT APPLIA : -: -							
		Driver Prior Action Other			NOT APPLICABLE							

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Driver Actions											
	ш	IMPROPER TURN	MPROPER TURN										
╘	딩												
LIND	VEHICLE												
_	M												
		Owner Name			Owner Address								
05	02	BENJAMIN D BRONK (608) 415-1337			30920 CTY RD WW ELROY, WI 53929 , US								
0	0	(000) 413-1337			ELKO1, WI 33929 , 03								
		Sequence Of Events											
	01	Event MOTOR VEH IN TRANSPORT											
		Event											
	02	LVOII											
	8	Event											
	03												
	04	Event											
	I	ndividual											
		Driver  DYLAN BENJAMIN BR	ONC		Citations Issued	Sex							
	7	(608) 415-3089	ONC		0	MALE							
.	INDIVIDUAL	(444) 114 4444			Date of Birth	Race WHITE							
	M	Address 1818 BADGER LN REEDSBURG, WI 53959, US			Driver License Number								
5	₫												
	Z												
	Caf	On D	Outy Crash		Safety Equipment								
	Sai	ety Equipment			NONE HOLD VEHICLE CONTRANT								
		Seat Position			NONE USED - VEHICLE OCCUPANT								
		1FRONT SEAT-LEFT	SIDE (DRIVE	R/MOTORCY									
		Helmet Use			Helmet Compliance								
		Eye Protection			Tint Compliance								
		Lyon totodion											
~	4	Injur	y Severity		Airbag								
05	004	Injury POS	SSIBLE INJUI	RY	NOT APPLICABLE								
		Ejected	Ejection Pa			Trapped/Extricated							
		TOTALLY EJECTED	OTHER P	ATH (E.G., BACK	( OF PICKUP TRUCK, TRAILER)	NOT TRAPPED							
	Medical Transport				EMS Agency Identifier	EMS Run #							
		NOT TRANSPORTED Hospital			Date of Death	Time of Death							
		поѕрна			Date of Death	Time of Death							
	Distracted By Source												
		Distracted By UNKNOWN											
		Distracted By Action UNKNOWN											
		Non Motorist Strik	ing Unit #	Location									
		Prior Action											

# WISCONSIN MOTOR VEHICLE CRASH REPORT

1		Action						
	٩L							
FIND	/IDO							
>	INDIVIDUAL							
		Action Other						To/From School
	ı	Drug & Alcol	Suspected Alcohol U	Jse	Suspected Drug Use NO			•
		Alcohol Test Give		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIV	/EN	Drug Test Type		Drug Test Results	s	
05	004	Drug Type						
		Individual Conditi	on					
		APPEARED N	ORMAL					
'	Pro	perty Owne	er =====					
PROP 01					Address S1011 COUNTY ROA WONEWOC, WI 5396	D G 3 , US		
		ed Objects S	truck					
		Striking Unit	Struck Object				Structure Number	Damage Tag Number
	9	01	FENCE					
	Wit	ness ===						
WITN 01 ESS 01	CAF	ridual RL ALOIS ROTT B) 985-7151	7		Address E1344 HIGHWAY G WONEWOC, WI 53968	3 ,US	Ī	Date of Birth