6TL09JDKXF 19-08408

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrid			19-084		Investigating Officer/Deputy DEPUTY B. SCHLOUGH			
Crash Date Crash Time 07/09/2019 03:15 PM Date Notified Time Notified 07/09/2019 03:18 PM			Date Arrived 07/09/2019		Time Arrived 03:22 PM			
		Total Un			Total Injured Total Killed			
07/09/2019	<u> </u>	l	01			00	Reporting	
On Emergency	Hit and Run	Lane Clos	_	Work Zone Bus Related		or Towed	Threshold	
Government Property		chool Zone	NO	sus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASI	⊣)		Amend	ed	Secondary Crash	
Description =								
Diagram	USH 14	FI (C)	V 1			Photos By Additional Infor		
DRAWING	S NOT TO SCALE							
DRAWING	SNOT TO SCALE							
UNIT 1 WAS TRAVELING AND ENTERED THE W/B UNIT 1 CAME TO REST C	E/B ON USH 14. UNIT	1 CROSSED THE	CENTERLI ED DITCH	NE AND ENTERED TI AREA CAUSING UNIT	HE THE W/B LAN Γ 1 TO GO AIRBO	RNE FOR APPE		
ON USH14 EB				Latitude		Longitue	de	
1099 FT W OF PRAIRIE DR IN THE TOWN OF SPR	RING GREEN			43.189896 X Coordinat	e	Y Coord		
IN SAUK COUNTY				248963.67		478653	51	
				Structure Ty	,he			

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Crash Scene

]	First	rst Harmful Event					First Harmful Event Location					
	DIT	CH	SHOULDER LEFT									
	Manı	nner of Collision					Light Condition					
	NO	COLLISION W/VEHICLE IN TRANSPORT					DAYLIGHT					
	Road	ad Surface Condition(s)					Roadway Factor(s)					
	DRY	DRY Environment Factor(s) NONE Weather Condition(s)										
	Envi							NONE				
	NON											
	Wea											
	CLE	AR	Relation To Trafficway TRAFFICWAY - NOT ON ROAD									
	Anim	nal Type										
	Cras	h Classification - Location				Crash Classification - Jurisdiction						
	PUE	BLIC PROPERTY				NO SPE	CIAL JUF	RISDICTION				
	Triba	al Land				Access Co	ntrol			Special Study		
						NO CONTROL						
		3	Junction Location		Intersectio	n Type INTERSE (CTION					
ļ	NO		NON-JUNCTION		NOT AN	INTERSE	CHON					
		t Summary		L Vahiala Ona	rating As C	a a sification		Lust				
		Unit Status IN TRANSIT			Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE					
		cle Type		D OLAGO				Operating As Endorsements				
6		SENGER CAR										
	Total Occs Train/Bus # Recorded 1				Total # Citations Issued Total Trail		1 ''					
				0	Cno		0 Speed Lii	0 I Limit Total Lan		AS		
_	Insurance? Direction Of Travel UNKNOWN EASTBOUND			FIE GIASIIIIIE		55	2					
UNIT		Harmful Event: Collision W			Special Function		Emergency Motor Vehicle Use					
-	DIT	СН		NO SPEC	NO SPECIAL FUNCTION			NOT APPLICABLE				
		ic Way		Traffic Control		Traffic Control Inoperative/Missing						
		D-WAY, NOT DIVIDED			NO CONTROL			NO Road Grade				
	Surface Type				Road Curvature			LEVEL				
		BLACKTOP (BITUMINOUS) Truck Bus or HazMat					LEVEL					
	NO											
	,	Vehicle										
		License Plate Number			Plate Type		St	Country of Is	suance			
		BKN5814 Vehicle Identification Number WDDGF5EB3BA512830			Make MERCEDES BENZ		AZ	UNITED STATES Model				
2	1						Year					
	C	WDDGF5EB3BA51283		Body Style		2011	M300 Bus Use					
		Color BLK - BLACK			4D - 4DR			NOT A BUS				
.	H			Vehicle Da	Vehicle Damage		•					
LNO	12FRONT Extent Of Damage DISABLING DAMAGE		12_EDONT									
5	Ē	Extent Of Damage DISABLING DAMAGE			12FRONT							
	>				Vehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE GEORGES AUTO										
	What Driver Was Doing Vehicle Factors											
		GOING STRAIGHT										
	Driver Prior Action Other NOT APPLICABLE											

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TINO	VEHICLE	Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY								
04	01	Owner Name ROSE D TUSCHEN (608) 220-5600	N		Owner Address 8973 E ANNA PL TUSCON, AZ 85710 2612, US					
		Sequence Of Ev	/ents							
	01	Event								
	02	Event								
	03	Event								
	04	Event								
	i	ndividual								
		Driver LARRY J TUSCHE	·N		Citations Issued	Sex				
	IAL	(608) 444-3315			0 Date of Birth	MALE Race				
╘	וםו					WHITE				
LINO	INDIVIDUAL	Address 1203 STONEWOOD XING SUN PRAIRIE, WI 53590 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Crash Safety Equipment			Safety Equipment SHOULDER & LAP BELT					
	Seat Position									
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
2	001	Injury Severity SUSPECTED MINOR INJURY			Airbag DEPLOYED-FRONT					
		Ejected	Ejection Pa		DEI EOTED-I KONT	Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NOT APP				NOT TRAPPED				
		Medical Transport EMS GROUND			EMS Agency Identifier 6000554	EMS Run #				
	Hospital ST MARYS HOSP				Date of Death	Time of Death				
		Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTR <i>A</i>	ACTED)					
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Striking Unit #	Location						
		Prior Action								

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Wisconsin Motor Vehicle Crash

Form DT4000

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		Action					
		Action					
	4						
_	^						
Ę	₽						
UNIT	≥						
_	INDIVIDUAL						
	Z						
		Action Other					To/From School
	Į.	Suspected Alcohol U					
	L	Drug & Alcohol NO		Suspected Drug Use NO			
		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					
6	001						
		Individual Condition					
		APPEARED NORMAL					

Crash Date 07/09/2019

Crash Time 03:15 PM