6TL0B655P8

19-08854

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override | Primary Crash Document # | Agency Crash Number 19-08854 | | Investigating Officer/Deputy DEPUTY W. NEUBAUER | | | | |
|---|-----------------------------------|---------------------------------|--------------------------------------|---|---------------------------------------|---------------------|--|--|
| Crash Date | Crash Time | Date Arrived | | Time Arrived | | | | |
| 07/18/2019 | 08:32 PM | 07/18/2019 | | 08:32 PM | | | | |
| Date Notified 07/18/2019 | Time Notified 08:32 PM | Total Units 01 | | Total Injured 01 | Total Killed | d | | |
| On Emergency Hit | and Run Lane Close | ure Work Zone | | Trailer or Towed | | Reporting Threshold | | |
| Government Property | Property Active School Zone NO | | | Tags | | 1 | | |
| Reportable | Crash Type DT4000 (STANDARD CRASH | 1) | | Amende | d | Secondary Crash | | |
| Description | | | | | | | | |
| Diagram | | | | - | Reconstruction Photos By DET. J. KELI | _OGG | | |
| | | | | | NONE, PHO | | | |
| | | | | | | | | |
| 3 | NOT | TO SCALE | | | | | | |
| I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT 1 WAS TRAVELING W/B ON STH 60 NEAR THE ITERSECTION WITH WILLIAMS RD. UNIT 1 DRIVER LOST CONTROL OF THE VEHICLE ON A LEFT HAND TURN. UNIT 1 CROSSED THE CENTERLINE, LEFT THE ROADWAY ON THE SOUTH SIDE OF THE ROAD AND ENTERED THE SOUTH SIDE DITCH, COMING TO REST. AIRBAGS DEPLOYED AND SEATBELT WORE. | | | | | | | | |
| Location | | | | | | | | |
| ON STH60 WB | | | Latitude | | Longitud | | | |
| 768 FT W OF WILLIAMS RD | | | 43.20164181 1 X Coordinate | 1 | | 8064707 | | |
| IN THE TOWN OF TROY IN SAUK COUNTY | 259269.8437 | | | | | | | |
| | | | Structure Type | | - | | | |
| I | | | -1 | | | | | |

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Crash Scene

| | First Harmful Event | | | | | First Harmful Event Location | | | | | | |
|------|--|---|---------------------------------------|---------------------------|---------------------------------------|------------------------------|--|-------------------------|----|---------------|--|--|
| | DIT | CH | | | | | ROADSIDE | | | | | |
| | Manı | nner of Collision | | | | Light Condition | | | | | | |
| | NO | COLLISION W/VEHICLE IN TRANSPORT | | | | DAYLIGHT | | | | | | |
| | Road | pad Surface Condition(s) | | | | Roadway Factor(s) | | | | | | |
| | DRY | DRY | | | | | | | | | | |
| | Envi | invironment Factor(s) | | | | | | | | | | |
| | NONE | | | | | | NONE | | | | | |
| | Wea | ther Condition(s) | | | | | | | | | | |
| | CLE | AR | | | | | | | | | | |
| | Anim | al Type | | | | | Relation To Trafficway | | | | | |
| | Cras | h Classification - Location | | | | Crash Clas | | ON ROAD - Jurisdiction | | | | |
| | | BLIC PROPERTY | | | | | | RISDICTION | | | | |
| | Triba | l Land | | | | Access Control | | | | Special Study | | |
| | | | | | T . | NO CON | TROL | | | | | |
| | Withi | · · | Junction Location NON-JUNCTION | | Intersection Type NOT AN INTERSEC | | | ** | | | | |
| | | t Summary | | | 11017.11 | | | | | | | |
| | | Status — | | Vehicle Ope | rating As C | assification | | Unit Type | | | | |
| | IN T | RANSIT | | D CLASS | | AUTOMOBILE | | | | | | |
| _ | Vehi | cle Type | | <u> </u> | | | Operating As Endorsements | | | | | |
| 01 | PAS | SENGER CAR | | | | | | | | | | |
| | Total Occs Train/Bus # Recorded | | Total # Citations Issued Total Traile | | · · · · · · · · · · · · · · · · · · · | | Mat Types | | | | | |
| | | 1 Insurance? Direction Of Travel | | | 2 0 Speed Li | | 0 imit Total Lanes | | 96 | | | |
| _ | Insurance? Direction Of Travel YES WESTBOUND | | FIE CIASITITE ' | | 55 | 2 | | <i>-</i> 5 | | | | |
| UNIT | Most Harmful Event: Collision With | | | Special Function | | Emergency Motor Vehicle Use | | | | | | |
| _ | | DITCH | | | NO SPECIAL FUNCTION | | NOT APPLICABLE | | | | | |
| | | Traffic Way TWO-WAY, NOT DIVIDED | | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | | | | | |
| | | ace Type | | Road Curvature CURVE LEFT | | | Road Grade | | | | | |
| | | CKTOP (BITUMINOUS |) | | | | LEVEL | | | | | |
| | Truc | k Bus or HazMat | | | | | | | | | | |
| | NO | | | | | | | | | | | |
| | 1 | Vehicle | | | | | | | | | | |
| | | License Plate Number | | | Plate Type | | St WI | Country of Is | | | | |
| | | ADA3579 Vehicle Identification Number JM1GJ1V54G1457940 | | AUT - AUTOMOBIL Make | | | Year | UNITED STATES Model | | | | |
| 5 | 01 | | | MAZDA | | | 2016 | 6 TOURING | | | | |
| | | Color | | | Body Style | | | Bus Use NOT A BUS | | | | |
| | ш | SIL - SILVER (ALUMINUM) | | | 4D - 4DR Vehicle Damage | | NOT A BUS | | | | | |
| ⊨ | | | | 1 5.1.05 2 5.1.05g0 | | | | | | | | |
| LNO | NON-COLLISION Extent Of Damage DISABLING DAMAGE | | ALL AREAS | | | | | | | | | |
| _ | VE | DISABLING DAMAGE | | | | | | | | | | |
| | · · | | | | le Removed By | | | | | | | |
| | | What Driver Was Doing | GEORGES AUTO BODY Vehicle Factors | | | | | | | | | |
| | NEGOTIATING CURVE | | | | NOT APPLICABLE | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| LINO | VEHICLE | Driver Actions EXCEED SPEED LIMIT, FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE | | | | | | | | | | |
|------|--|--|-----------------|---------------------------------|---|--------------------|-------|--|--|--|--|--|
| 10 | 01 | Owner Name JUSTIN K KRAMER (630) 956-2892 | | | Owner Address E2647 PHYLANE RD LONE ROCK, WI 53556 , US | | | | | | | |
| | | Sequence Of Eve | ents | | | | | | | | | |
| | 01 | Event MOTOR VEH IN TRANSPORT | | | | | | | | | | |
| | 02 | Event RUN OFF ROADWAY LEFT | | | | | | | | | | |
| | 03 | Event DITCH | | | | | | | | | | |
| | 04 | Event | | | | | | | | | | |
| _ | ĺ | Policy Holder | | | | | | | | | | |
| LNO | | Insurance Company USAA-CASUALTY-INS-CO | | | Individual JUSTIN KRAMER | | | | | | | |
| | Ì | Individual | | | | | | | | | | |
| | | Driver | | | Citations Issued | Sex | | | | | | |
| | Ļ | JUSTIN K KRAMER (630) 956-2892 | | | 2 | MALE | | | | | | |
| ⊨ | INDIVIDUAL | | | | Date of Birth | Race WHITE | | | | | | |
| LNO |)IV | Address E2647 PHYLANE RD | | | Driver License Number | | | | | | | |
| | Z | LONE ROCK, WI 53556 , US | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | Sat | On Duty Crash afety Equipment | | | Safety Equipment | | | | | | | |
| | Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | P/MOTOPCV | SHOULDER & LAP BELT | | | | | | | |
| | | Helmet Use | | IVIIIO TOROT | Helmet Compliance | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | | |
| _ | _ | Injury Severity | | | Airbag | | | | | | | |
| 6 | 00 | Injury _S | SUSPECTED MIN | IOR INJURY | DEPLOYED-FRONT | | | | | | | |
| | | Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APR | | th | • | Trapped/Extricated | | | | | | |
| | | | | CTED/NOT APPL | | NOT TRAPPED |) | | | | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier EMS Run # | | | | | | | | |
| | | Hospital | | Date of Death Time of Death | | | | | | | | |
| | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | | | | |
| | Distracted By Action NOT DISTRACTED | | | | | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | | | | |
| | | Prior Action | | | | | | | | | | |
| | | | | | | | | | | | | |

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| 1 | | A .: | | | | | | |
|------|------------------|--------------------------------|----------------|-------------------|--------------------|-------------------|----------------------|------------------|
| | | Action | | | | | | |
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| | 2 | | | | | | | |
| | INDIVIDUAL | | | | | | | |
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| | | | | | | | | |
| ł | | Action Other | | | | | | To/From School |
| | | Action Other | | | | | | 10/1101113011001 |
| | | | | | | | | |
| Ì | _ | | Suspected Alco | ohol Use | Suspected Drug Use | | | |
| | | Drug & Alcohol | YES | | NO | | | |
| ļ | | | | IAL 1 17 47 | | | TALLET OF I | |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test Results | |
| | TEST GIVEN BLOOD | | | | PENDING | | | |
| | | Drug Test Given Drug Test Type | | | | Drug Test Results | | |
| | | TEST NOT GIVEN | | | | | | |
| l | _ | Drug Type | | | | 1 | | |
| 2 | 00 | 3 71 - | | | | | | |
| | | | | | | | | |
| ł | | Individual Condition | | | | | | |
| | | individual Condition | | | | | | |
| | | HINDED THE INEI | HENCE OF M | EDICATIONS/DRUGS | S/ AL COHOL | | | |
| | | ONDER THE IN E | OLINGE OF IM | LDICATIONS/DIVOGO | N ALCOHOL | | | |
| | , | Violations | | | | | | |
| | | UTC Number | Issue To? | Statute Number | Description | | | |
| | 5 | | 001 | 346.63(1)(a) | OPERATING WHILE | INDER THE IN | FLUENCE | |
| | 0 | AD980066 | 001 | 0-10.00(1)(α) | OI ENATING WHILE | - ONDER THE III | | |
| | | UTC Number | Issue To? | Statute Number | Description | | | |
| | 02 | AD980067 | 001 | 346.57(2) | FAILURE TO KEEP | VEHICLE UNDE | R CONTROL | |
| ı | | | | 1 | I | | | |