WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | (608) 356-4 | | | | | | | | | |
|-------------|--|--------------------------|------------------|--|-----------------------|---------------------------------|---|------------------|-----------------------|--|
| | Document Number Override | Primary Crash Document # | | Agency Crash Number 19-09191 | | | Investigating Officer/Deputy DEPUTY S. STACEY | | | |
| Ž | Crash Date 07/25/2019 | Crash Time 12:33 AM | | Date A | | | Time Arrived | | | |
| ל | Date Notified | Time Notified | | 07/25/2019 Total Units | | | 12:45 AM Total Injured Tota | | al Killed | |
| <u>ک</u> | 07/25/2019 | 12:35 AM | | 01 | | 01 | 01 0 | | 00 | |
| OI LUSQKKDQ | | t and Run Lane Close | | | | | Trailer or Towed | | d Reporting Threshold | |
| | Government Property | Active School Zone | | NO NO | School Bus Related NO | | Tags | | | |
| | ✓ Reportable | Crash Type DT4000 (STA | NDARD CRAS | H) | | <u></u> | Amended | | Secondary Crash | |
| | Description Diagram | | | | | | 1 - | construction | _ | |
| | 3 | | | Photos By Additional Information NONE | | | | | | |
| | | | | | | | | | | |
| | | | | | NOT T | O SCALE | | | | |
| | I, a sworn law enforceme | ent officer, agre | ee that I have n | ot adde | d any CJIS data | a in this repo | rt. | | | |
| | UNIT 1 WAS TRAVELING WEST STATED THEY LOST CONTROL UNIT 1 CAME TO REST IN A FIEI | ON THE GRAVE | L ON THE NORTH | H SHOULI | | | | | | |
| | Location | | | | | | | | | |
| | ON STH33 WB 226 FT S | | | | Latitu | | | Longitu | | |
| | OF DEMASKIE RD IN THE TOWN OF LA VALLE IN SAUK COUNTY | | | | X Coo | 422197 ordinate 05.015625 | | Y Coord 48338 | | |
| | IN SAUN COUNTY | | | | | Structure Type | | | | |

NO STRUCTURE

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

| | DIT | CH | ON ROADWAY | | | | | | | | |
|------|---|-----------------------------|----------------------|--|----------------------------|---|-----------------|-------------------------------------|----------------|---------------|--|
| | | ner of Collision | | Light Condition | | | | | | | |
| | | COLLISION W/VEHIO | DARK/UNLIT | | | | | | | | |
| | Road | d Surface Condition(s) | | | Roadway Factor(s) | | | | | | |
| | DRY | • | | | | | | | | | |
| | Envi | onment Factor(s) | | | | | | | | | |
| | ANIMAL (S) IN ROADWAY | | | | | | | | | | |
| | Wea | ther Condition(s) | | | | | | | | | |
| | CLC | OUDY | | | | | | | | | |
| | Anim | al Type | Relation T | o Trafficwa | ay | | | | | | |
| | DEE | | | | | | CWAY - O | | | | |
| | | h Classification - Location | n | | | | | Jurisdiction | | | |
| | _ | ILIC PROPERTY | | | | NO SPECIAL JURISE Access Control NO CONTROL | | | | Special Study | |
| | TIDE | ii Land | | | | | | | | Special Study | |
| | Withi | n Interchange Area | Junction Location | | Intersectio | | INOL | | | | |
| | NO | in interestange / trea | NON-JUNCTION | | | | INTERSECTION | | | | |
| | Init | Summary = | | | | | | | | | |
| | | Status — | | Vehicle Ope | erating As C | assification | | Unit Type | | | |
| | IN T | RANSIT | | D CLASS | , , | | AUTOMOBILE | | BILE | L E | |
| _ | Vehi | cle Type | | | | | | Operating As Endorsem | | ments | |
| 6 | (SP | ORT) UTILITY VEHIC | ELE | | | | | | | | |
| | Total | Occs | Train/Bus # Recorded | Total # Citat | Total # Citations Issued | | Total Trai | ilers | Total Haz | Mat Types | |
| | 1 | | | 0 | 0 | | 0 | | 0 | | |
| _ | Insurance? Direction Of Travel | | | Pre CrashTire | | Speed Lir | | | Total Lanes | | |
| UNIT | YES WESTBOUND Most Harmful Event: Collision With | | | | □ Mark 55 Special Function | | 55 | Emergency | 2 Motor Veh | icla I Isa | |
| 5 | DIT | | i vviui | | NO SPECIAL FUNCTION | | | NOT APP | | | |
| | Traff | ic Way | | Traffic Cont | Traffic Control | | | Traffic Control Inoperative/Missing | | | |
| | | D-WAY, NOT DIVIDE | D | NO CONT | NO CONTROL | | | NO | | | |
| | | ace Type | | | Road Curvature | | | Road Grade | | | |
| | | CKTOP (BITUMINOL | JS) | CURVE LI | CURVE LEFT | | | LEVEL | | | |
| | NO | k Bus or HazMat | | | | | | | | | |
| | | | | | | | | | | | |
| | | Vehicle | | Dieta Torra | | | Ct | Country of lo | 0110000 | | |
| | License Plate Number 715ZMZ | | | Plate Type | TOMOBIL | _ | St WI | Country of Issuance UNITED STATES | | | |
| | | Vehicle Identification Nu | | Make | | Year | Model | | | | |
| 2 | 01 | 2CNALDEW4A6254 | | CHEVROLET | | 2010 | EQUINOX | | | | |
| | | Color | | Body Style | Body Style | | | Bus Use | | | |
| | | SIL - SILVER (ALUN | | UT - SPORT UTILITY VEHICLE | | | NOT A BU | S | | | |
| _ | LE | Initial Contact Point | Vehicle Da | Vehicle Damage | | | | | | | |
| LNO | ≡C | 1RIGHT FRONT Co | 1RIGHT | 1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 12FRONT, | | | | | | | |
| ⊃ | VEHICL | DISABLING DAMAG | UNDERC | UNDERCARRIAGE | | | | | | | |
| | > | Towed Due To Damage | | Vehicle Re | Vehicle Removed By | | | | | | |
| | | TOWED DUE TO DI | | STEVES AUTO SERVICE | | | | | | | |
| | | What Driver Was Doing | Vehicle Fac | Vehicle Factors | | | | | | | |
| | | NEGOTIATING CUR | | NOT APPLICABLE | | | | | | | |
| | | Driver Prior Action Othe | NOT APP | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| – | CLE | Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY | | | | | | | | | |
|----------|---|--|---------------------------------|--------------------|-----------------|---|-----------------------|--|--|--|--|
| LNO | VEHICLE | | | | | | | | | | |
| | | Owner Name | | | Owner Add | ress | | | | | |
| 5 | 01 | DAVID A DRAKE SR (608) 558-7853 | | | РО ВОХ 2 | 308 CENTER ST APT A PO BOX 243 | | | | | |
| | WONEWOC, WI 53968 , US | | | | | | | | | | |
| | | Sequence Of Events | | | | | | | | | |
| | 01 | DITCH Event | | | | | | | | | |
| | 02 | Event CULVERT | | | | | | | | | |
| | 03 | Event | | | | | | | | | |
| | 04 | Event | | | | | | | | | |
| _ | | Policy Holder | | | | | | | | | |
| LIND | | Insurance Company | | | Individual | | | | | | |
| ر | | ALLSTATE-PROP | ERTY-8 | k-CASUALTY-INS-CO | DAVID DRA | AKE | | | | | |
| | ı | ndividual | | | | | | | | | |
| | | Driver DAVID A DRAKE SR (608) 558-7853 | | | Citations Issu | ied | Sex | | | | |
| | AL | | | | O Date of Birth | | MALE Race | | | | |
| ⊢ | INDIVIDUAL | | | | Bato of Birth | | WHITE | | | | |
| | ΣI | Address 308 CENTER ST APT A PO BOX 243 WONEWOC, WI 53968, US | | | Driver Licens | e Number | | | | | |
| | Z | | | | STATE: WI | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | | | | | | | | | | |
| | Sat | On Duty Crash ety Equipment | | | Safety Equip | ment | | | | | |
| | | Seat Position | | | NONE USE | NONE USED - VEHICLE OCCUPANT | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | | | | | | | |
| | | Helmet Use | | | Helmet Comp | Helmet Compliance | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | |
| _ | Ξ. | | Injury S | everity | Airbag | | | | | | |
| 6 | 90 | | SUSPE | ECTED MINOR INJURY | DEPLOYED | D-COMBINATION | | | | | |
| | | Ejected | | Ejection Path | DI 10 4 DI E | | Trapped/Extricated | | | | |
| | | Medical Transport | IOT EJECTED NOT EJECTED/NOT APP | | EMS Agency | Identifier | NOT TRAPPED EMS Run # | | | | |
| | | EMS AIR | | | 6000820 | identinei | 19 74 | | | | |
| | | Hospital | | | Date of Death | า | Time of Death | | | | |
| | | REEDSBURG AREA MED CTR Distracted By Source | | | | | | | | | |
| | Distracted By NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | | |
| | | Non Motorist | Striking | Unit # Location | | | | | | | |
| | | Prior Action | | • | | | | | | | |
| | | | | | | | | | | | |

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

Crash Date 07/25/2019

Crash Time 12:33 AM

| | | | | | | | • • | | |
|------|------------|--------------------------------|-------------------|--------------------|-------------------|----------------------|----------------|--|--|
| | | Action | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Υ | | | | | | | | |
| ╘ | 7 | | | | | | | | |
| LINO | 5 | | | | | | | | |
| ر | | | | | | | | | |
| | INDIVIDUAL | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | Action Other | | | | | To/From School | | |
| | | | | | | | | | |
| | | Sugn | ected Alcohol Use | Suspected Drug Use | | | | | |
| | I | Drug & Alcohol NO | ected Alcohol Ose | NO | | | | | |
| | | _ | | | | • | | | |
| | | Alcohol Test Given | Alcohol Test Type | | | Alcohol Test Results | | | |
| | | TEST NOT GIVEN | | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | | | |
| | | TEST NOT GIVEN | | | | | | | |
| _ | _ | Drug Type | | | | | | | |
| 01 | 001 | | | | | | | | |
| | | | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | |
| | | | | | | | | | |