

6TL097RB3P  
19-09192B

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-09192B</b>	Investigating Officer/Deputy <b>DEPUTY L. GJORGJIEV</b>	
Crash Date <b>07/25/2019</b>		Crash Time <b>02:10 AM</b>	Date Arrived <b>07/25/2019</b>	Time Arrived <b>02:29 AM</b>	
Date Notified <b>07/25/2019</b>		Time Notified <b>02:20 AM</b>	Total Units <b>01</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input checked="" type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram 	Reconstruction By
	Photos By <b>9188</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS DRIVING NORTH ON UNION ST. UNIT 1 FAILED TO NEGOTIATE A SLIGHT RIGHT CURVE AND RAN OFF THE ROADWAY. UNIT 1 ENTERED THE LEFT DITCH AND STRUCK A CULVERT. UNIT 1 THEN STRUCK A UTILITY POLE. THE DRIVER THEN BACKED THE VEHICLE AND CAME TO REST ON THE CULVERT. THERE WAS DAMAGE TO THE CULVERT. THE DRIVER OF UNIT 1 WAS INJURED AND TRANSPORTED TO THE HOSPITAL. VEHICLE WAS TOWED DUE TO DISABLING DAMAGE.

Location

<b>ON 310 UNION ST 252 FT S OF FRANKLIN ST (HOUSE/BUILDING 310)</b>  <b>IN THE VILLAGE OF LA VALLE IN SAUK COUNTY</b>	Latitude <b>43.58613586</b>	Longitude <b>-90.131421919</b>
	X Coordinate <b>247196.09375</b>	Y Coordinate <b>4830673</b>
	Structure Type <b>HOUSE/BUILDING</b>	

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Crash Scene

First Harmful Event <b>DITCH</b>		First Harmful Event Location <b>SHOULDER LEFT</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>07/25/2019</b>	Time Initial Lane/Rd Closed <b>02:25 AM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>07/25/2019</b>	Time All Lanes Open <b>03:35 AM</b>	Date Scene Cleared <b>07/25/2019</b>	Time Scene Cleared <b>03:35 AM</b>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash <b>Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>CULVERT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>ADZ4506</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3FAHP08178R190389</b>	Make <b>FORD</b>	Year <b>2008</b>	Model <b>FUSION SEL</b>
		Color <b>WHI - WHITE</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>STEVES AUTO SERVICE</b>		
		What Driver Was Doing <b>NEGOTIATING CURVE</b>			

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
	NOT APPLICABLE			
	Driver Actions <b>RAN OFF ROADWAY</b>			
01	Owner Name <b>LEANNA M PRIESSNITZ (608) 377-3225</b>		Owner Address <b>301 ACADEMY ST ELROY, WI 53929 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>RUN OFF ROADWAY LEFT</b>		
	02	Event <b>DITCH</b>		
	03	Event <b>CULVERT</b>		
	04	Event <b>UTILITY POLE</b>		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>LEANNA PRIESSNITZ</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>LEANNA M PRIESSNITZ (608) 377-3225</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>301 ACADEMY ST ELROY, WI 53929 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>DEPLOYED-FRONT</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>		EMS Run # <b>191309</b>
Hospital <b>REEDSBURG AREA MED CTR</b>		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				
<b>Non Motorist</b>		Striking Unit #	Location	
Prior Action				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action				
		Action Other			To/From School	
	<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>	Alcohol Test Results <b>PENDING</b>
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
			Drug Type			
			Individual Condition  <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>			
			<b>Violations</b>			
	<b>01</b>	<b>01</b>	UTC Number	Issue To?	Statute Number	Description
			<b>AE754540</b>	<b>001</b>	<b>346.63(1)(a)</b>	<b>OPERATING WHILE UNDER THE INFLUENCE</b>
<b>Property Owner</b>						
<b>PROP OWNER</b>	<b>01</b>	Government <b>VILLAGE OF LAVALLE</b> <b>(608) 985-7959</b>			Address <b>103 W MAIN ST</b> <b>PO BOX 13</b> <b>LAVALLE, WI 53941 , US</b>	
		<b>Fixed Objects Struck</b>				
<b>01</b>	<b>01</b>	Striking Unit	Struck Object	Structure Number	Damage Tag Number	
		<b>01</b>	<b>CULVERT</b>			