

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL0BFKDBM

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| Document Number Override                       |   | Primary Crash Document #                     | Agency Crash Number<br><b>19-09079</b> | Investigating Officer/Deputy<br><b>DEPUTY H. LARKIN</b> |  |
| Crash Date<br><b>07/22/2019</b>                |   | Crash Time<br><b>05:40 AM</b>                | Date Arrived<br><b>07/22/2019</b>      | Time Arrived<br><b>07:45 AM</b>                         |  |
| Date Notified<br><b>07/22/2019</b>             |   | Time Notified<br><b>07:45 AM</b>             | Total Units<br><b>01</b>               | Total Injured<br><b>00</b>                              | Total Killed<br><b>00</b>                    |
| <input type="checkbox"/> On Emergency          | <input checked="" type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure        | <input type="checkbox"/> Work Zone     | <input type="checkbox"/> Trailer or Towed               | <input type="checkbox"/> Reporting Threshold |
| <input type="checkbox"/> Government Property   | <input type="checkbox"/> Active School Zone     | School Bus Related<br><b>NO</b>              |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |   | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                        | <input type="checkbox"/> Secondary Crash     |

Description

|                |                                       |
|----------------|---------------------------------------|
| <p>Diagram</p> | Reconstruction By                     |
|                | Photos By                             |
|                | Additional Information<br><b>NONE</b> |

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

UNIT 1 WAS TRAVELING WB ON LEVEE RD. UNIT 1 STRUCK A MAILBOX AT E13514 LEVEE RD. UNIT 1 DID NOT STOP. UNIT 1 CONTINUED TO TRAVEL WB ON LEVEE RD. UNIT 1 DID NOT STOP AT THE STOP SIGN ON LEVEE RD AT COUNTY RD T. UNIT 1 ENTERED THE DITCH ON LEVEE RD AT CTH T STRIKING THE STOP SIGN. UNIT 1 REENTERED THE ROADWAY AND CROSSED CTH T AND ENTERED THE SOUTH SIDE DITCH AND ENTERING THE CORNFIELD. UNIT 1 EXITED THE DITCH AND TRAVELING WB ON CTH T. UNIT 1 WAS FOUND PARKED IN THE DRIVE WAY OF E12142 CTH T UNOCCUPIED. UNIT 1'S FRONT RIGHT TIRE WAS SHREDDED AND APPEARED SOMEONE TRIED TO CHANGE THE TIRE. UNIT 1 HAD A GREEN PAINT MARK ON ITS SILVER HOOD FROM THE GREEN MAILBOX THAT WAS STRUCK. THE FRONT LICENSE PLATE HAD CORN STALKS STUCK IN IT.

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Location

|  |                                  |                                   |
|--|----------------------------------|-----------------------------------|
| ON LEVEE RD<br>84 FT E<br>OF CHTH WB<br>IN THE TOWN OF FAIRFIELD<br>IN SAUK COUNTY | Latitude<br><b>43.560136164</b>  | Longitude<br><b>-89.684673937</b> |
|  | X Coordinate<br><b>283170.75</b> | Y Coordinate<br><b>4826522</b>    |
|  | Structure Type                   |                                   |

Crash Scene

|   |   |  |
|---|---|--|
| First Harmful Event<br><b>MAILBOX</b>                             | First Harmful Event Location<br><b>ROADSIDE</b>                       |  |
| Manner of Collision<br><b>NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DAYLIGHT</b>                                    |  |
| Road Surface Condition(s)<br><b>DRY</b>                           | Roadway Factor(s)<br><br><b>NONE</b>                                  |  |
| Environment Factor(s)<br><b>NONE</b>                              |   |  |
| Weather Condition(s)<br><b>CLEAR</b>                              |   |  |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |  |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>         | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |  |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>                                   | Special Study                              |
| Within Interchange Area<br><b>NO</b>                              | Junction Location<br><b>INTERSECTION</b>                              | Intersection Type<br><b>T-INTERSECTION</b> |

Unit Summary

|            |  |   |  |                                |  |  |
|------------|--|---|--|--------------------------------|--|--|
| UNIT<br>01 | Unit Status<br><b>HIT AND RUN</b>                    | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b> |  |  |
|            | Vehicle Type<br><b>PASSENGER CAR</b>                 |   |  | Operating As Endorsements      |  |  |
|            | Total Occs<br><b>1</b>                               | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>           | Total Trailers<br><b>0</b>     | Total HazMat Types<br><b>0</b>                       |  |
|            | Insurance?<br><b>UNKNOWN</b>                         | Direction Of Travel<br><b>UNKNOWN</b>                 | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit<br><b>35</b>       | Total Lanes<br><b>2</b>                              |  |
|            | Most Harmful Event: Collision With<br><b>MAILBOX</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> |                                | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|            | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>           |   | Traffic Control<br><b>STOP SIGN</b>            |                                | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>         |   | Road Curvature<br><b>CURVE LEFT</b>            |                                | Road Grade<br><b>LEVEL</b>                           |  |
|            | Truck Bus or HazMat<br><b>NO</b>                     |   |  |                                |  |  |

|                       |   |  |                     |   |  |
|-----------------------|---|--|---------------------|---|--|
| UNIT<br>01<br>VEHICLE | <b>Vehicle</b>  |  |                     |   |  |
|                       | License Plate Number<br><b>894YUB</b>                     | Plate Type<br><b>AUT - AUTOMOBILE</b>  | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |  |
|                       | Vehicle Identification Number<br><b>2G4WS52J131164143</b> | Make<br><b>BUICK</b>   | Year<br><b>2003</b> | Model<br><b>CENTURY</b>                     |  |
|                       | Color<br><b>SIL - SILVER (ALUMINUM)</b>                   | Body Style<br><b>SD - SEDAN</b>  |                     | Bus Use<br><b>NOT A BUS</b>                 |  |
|                       | Initial Contact Point<br><b>12--FRONT</b>                 | Vehicle Damage<br><b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 12--FRONT</b> |                     |   |  |
|                       | Extent Of Damage<br><b>DISABLING DAMAGE</b>               | Towed Due To Damage<br><b>NOT TOWED</b>  |                     |   |  |
|                       |   | Vehicle Removed By<br><b>OWNER</b>   |                     |   |  |

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|              |         |   |  |  |   |               |  |
|--------------|---------|---|--|--|---|---------------|--|
| UNIT         | VEHICLE | What Driver Was Doing<br><b>UNKNOWN</b>                         |  | Vehicle Factors  |   |               |  |
|              |         | Driver Prior Action Other                                       |  | <b>NOT APPLICABLE</b>  |   |               |  |
|              |         | Driver Actions<br><b>UNKNOWN</b>                                |  |  |   |               |  |
|              |         | Owner Name<br><b>GABRAEL R SWALHEIM</b>                         |  | Owner Address<br><b>202 VOLK ST<br/>PORTAGE, WI 53901 , US</b> |   |               |  |
| 01           | 01      | <b>Sequence Of Events</b>                                       |  |  |   |               |  |
|              |         | 01  | Event<br><b>MAILBOX</b>                            |  |   |               |  |
|              |         | 02  | Event<br><b>TRAFFIC SIGN POST</b>                  |  |   |               |  |
|              |         | 03  | Event<br><b>DITCH</b>                              |  |   |               |  |
| 04           | 01      | Event   |  |  |   |               |  |
|              |         | <b>Individual</b>   |  |  |   |               |  |
|              |         | Driver  |  | Citations Issued<br><b>0</b>                                   | Sex   |               |  |
|              |         | Address   |  | Date of Birth  | Race  |               |  |
| 01           | 001     | On Duty Crash   |  | Safety Equipment   |   |               |  |
|              |         | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b> |  | <b>RESTRAINT USE UNKNOWN</b>                                   |   |               |  |
|              |         | Helmet Use  |  | Helmet Compliance  |   |               |  |
|              |         | Eye Protection  |  | Tint Compliance  |   |               |  |
| 01           | 001     | <b>Injury</b>   |  | Injury Severity<br><b>NO APPARENT INJURY</b>                   | Airbag<br><b>NOT APPLICABLE</b>             |               |  |
|              |         | Ejected<br><b>NOT APPLICABLE</b>                                | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |  | Trapped/Extricated<br><b>NOT APPLICABLE</b> |               |  |
|              |         | Medical Transport<br><b>NOT TRANSPORTED</b>                     |  | EMS Agency Identifier  |   | EMS Run #     |  |
|              |         | Hospital  |  | Date of Death  |   | Time of Death |  |
| 01           | 001     | <b>Distracted By</b>  |  |  |   |               |  |
|              |         | Distracted By Source  |  |  |   |               |  |
|              |         | Distracted By Action  |  |  |   |               |  |
|              |         | <b>Non Motorist</b>   |  | Striking Unit #  | Location                                    |               |  |
| Prior Action |         |   |  |  |   |               |  |

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|      |            |   |     |                       |                      |  |  |
|------|------------|---|-----|-----------------------|----------------------|--|--|
| UNIT | INDIVIDUAL | Action                                      |     |                       |                      |  |  |
|      |            | Action Other                                |     |                       | To/From School       |  |  |
|      |            | <b>Drug &amp; Alcohol</b>                   |     | Suspected Alcohol Use | Suspected Drug Use   |  |  |
|      |            | Alcohol Test Given<br><b>TEST NOT GIVEN</b> |     | Alcohol Test Type     | Alcohol Test Results |  |  |
|      |            | Drug Test Given<br><b>TEST NOT GIVEN</b>    |     | Drug Test Type        | Drug Test Results    |  |  |
|      |            | Drug Type                                   |     |                       |                      |  |  |
|      |            | Individual Condition<br><b>NOT OBSERVED</b> |     |                       |                      |  |  |
|      |            | 01  | 001 |                       |                      |  |  |
|      |            |   |     |                       |                      |  |  |

**Property Owner**

|               |    |   |  |
|---------------|----|---|--|
| PROP<br>OWNER | 01 | Individual<br><b>STEVEN PATRICK HAERTEL</b><br>(608) 477-3553 | Address<br><b>E13514 LEVEE RD</b><br><b>BARABOO, WI 53913 , US</b> |
|               |    | <b>Fixed Objects Struck</b>                                   |  |

|    |                            |                                 |                  |                                  |
|----|----------------------------|---------------------------------|------------------|----------------------------------|
| 01 | Striking Unit<br><b>01</b> | Struck Object<br><b>MAILBOX</b> | Structure Number | Damage Tag Number<br><b>0000</b> |
|----|----------------------------|---------------------------------|------------------|----------------------------------|

**Property Owner**

|               |    |   |  |
|---------------|----|---|--|
| PROP<br>OWNER | 02 | Government<br><b>SAUK COUNTY HWY DEPT</b><br>(608) 356-3855 | Address<br><b>620 STH 136</b><br><b>PO BOX 26</b><br><b>BARABOO, WI 53913 , US</b> |
|               |    | <b>Fixed Objects Struck</b>                                 |  |

|    |                            |   |                  |                                  |
|----|----------------------------|---|------------------|----------------------------------|
| 02 | Striking Unit<br><b>01</b> | Struck Object<br><b>TRAFFIC SIGN POST</b> | Structure Number | Damage Tag Number<br><b>0000</b> |
|----|----------------------------|---|------------------|----------------------------------|