6TL096J8Z9

19-08831

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Overrid | ride Primary Crash Document # | | Agency Crash Number 19-08831 | | Investigating Officer/Deputy DEPUTY T. BYCHINSKI Time Arrived 08:35 AM | | | |
|--|-------------------------------|--------------------------------------|---------------------------------|--|---|---|------------------------|--|
| 07/18/2019 99:99 07/ | | Date Arr 07/18/2 | | | | | | |
| Date Notified 07/18/2019 | Time Notified 08:30 AM | | Total Un 01 | its | Total Injured 00 | Total Killed | 1 | |
| On Emergency | ✓ Hit and Run | Lane Clos | ure | Work Zone | Trailer or | Towed | Reporting Threshold | |
| Government Property | Active S | chool Zone | School E NO | Bus Related | Tags | | | |
| ✓ Reportable | Crash Type DT4000 (ST | ANDARD CRASH | H) | | Amended | | Secondary Crash | |
| Description | | | | | R | econstruction | Bv | |
| - | СТН Р | | | | B Cind A | hotos By YCHINSKI dditional Inform HOTOS | nation | |
| | | | | NOT TO SCALE | | | | |
| I, a sworn law enfor UNIT 1 WAS HEADING W DITCH IT STRUCK SOME SOUTHWEST JUST BEFOR LOCATION ■ ON CTHP 0.26 MI W | ESTBOUND CTH P WH | EN IT CROSSED T ITCH LINE. UNIT 1 | THE CENT | ERLINE AND ENTERE NTINUED TO HEAD W | d the south ditc /estbound in the Ne | | CAME TO REST FACING | |
| OF BEAVER CREEK R IN THE TOWN OF DEL IN SAUK COUNTY | | | | 43.390730 X Coordinate 267431.11 Structure Ty | e | Y Coord 483045 | inate | |

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Crash Scene

| | First | Harmful Event | First Harmful Event Location | | | | | | | | |
|------|--|--|------------------------------|---------------------|--|------------------------------|---|-------------------------------------|---------------------|------------|--|
| | DIT | СН | ROADSIDE | | | | | | | | |
| | Man | ner of Collision | Light Condition | | | | | | | | |
| | NO | O COLLISION W/VEHICLE IN TRANSPORT | | | | | UNKNOWN | | | | |
| | Road | Road Surface Condition(s) | | | | | Roadway Factor(s) | | | | |
| | WE | r | | | | | | | | | |
| | Envi | ronment Factor(s) | | | | 1 | | | | | |
| | NO | NE | | | | NONE | | | | | |
| | Wea | ther Condition(s) | | | | | | | | | |
| | RAI | N | | | | | | | | | |
| | Anim | nal Type | Relation To Trafficway | | | | | | | | |
| | | | | | TRAFFICWAY - NOT ON ROAD Crash Classification - Jurisdiction | | | | | | |
| | | h Classification - Locatior BLIC PROPERTY | 1 | | | | | | | | |
| | Triba | al Land | | | | Access Control Special Study | | | | | |
| | | | | | | NO CONTROL | | | | | |
| | | in Interchange Area | Junction Location | | Intersectio | | | | | | |
| | NO | | NON-JUNCTION | | NOT AN | INTERSECTION | | | | | |
| | | t Summary 🛛 | | | | | | - | | | |
| | | Unit Status Vehicle Operating As C | | | | | | | | | |
| | | AND RUN cle Type | | D CLASS | <i></i> | | AUTOMOBILE Operating As Endorsements | | | | |
| 2 | | | LE | | | | | | | | |
| | Tota | Occs | Train/Bus # Recorded | Total # Cita | Total # Citations Issued | | Total Trai | otal Trailers Total | | Mat Types | |
| | 1 | | | 0 | 0 | | | | 0 | | |
| _ | Insurance? Direction Of Travel | | | Pre | Pre CrashTire | | Speed Lir 55 | | | otal Lanes | |
| UNIT | UNKNOWN WESTBOUND Most Harmful Event: Collision With | | | | Mark Special Function | | 55 | 2 Emergency Motor Vehicle Use | | icle Lise | |
| Б | TRE | | | NO SPECIAL FUNCTION | | | NON-EMERGENCY, NON-TRANSPORT | | | | |
| | | ic Way | | | Traffic Control | | | Traffic Control Inoperative/Missing | | | |
| | | D-WAY, NOT DIVIDE |) | | NO CONTROL | | | NO Road Grade | | | |
| | | | (2) | | Road Curvature STRAIGHT | | | | | | |
| | BLACKTOP (BITUMINOUS) STRAIGHT Truck Bus or HazMat | | | | | | | | | | |
| | NO | | | | | | | | | | |
| | | Vehicle | | | | | | | | | |
| | License Plate Number | | | Plate Type | ; | | St | Country of Is | Country of Issuance | | |
| | 32231DS | | | | DIS - DISABLED | | WI | UNITED STATES | | | |
| 2 | 5 | Vehicle Identification Number | | | Make AUDI | | Year | Model Q5 PREMIUM | | | |
| | 0 | © WA1LFAFP8CA074393 Color | | | Body Style | | 2012 | Bus Use | | | |
| | | | | | IT - SPORT UTILITY VEHICLE NOT A BUS | | | | | | |
| | щ | Initial Contact Point | | Vehicle Da | amage | | | | | | |
| UNIT | | | | 7I EET | | | | | | | |
| 5 | | | | -FRONT | 7LEFT REAR CORNER, 9LEFT SIDE MIDDLE, 11LEFT FRONT CORNER, 12- -FRONT | | | | | | |
| | > DISABLING DAWAGE Towed Due To Damage | | | | Vehicle Removed By | | | | | | |
| | TOWED DUE TO DISABLING DAMAGE | | | | REEDSBURG SALVAGE | | | | | | |
| | | What Driver Was Doing | | Vehicle Fa | Vehicle Factors | | | | | | |
| | | GOING STRAIGHT | | | | | | | | | |
| | | Driver Prior Action Other NOT APPLICAI | | | | | LE | | | | |
| | | | | | | | | | | | |

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| UNIT | VEHICLE | Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE | | | | | | | | | | |
|----------------|----------------------|--|----------|---------------------|--|--------------------|--|--|--|--|--|--|
| 5 | VEH | | | | | | | | | | | |
| 01 | 6 | Owner Name THERESA R TEMPE (608) 354-5388 | ST | | Owner Address 2326 REINHARDT COURT REEDSBURG, WI 53959, US | | | | | | | |
| | ę | Sequence Of Eve | ents | | | | | | | | | |
| | 0 | Event DITCH | | | | | | | | | | |
| | 02 | Event TREE | | | | | | | | | | |
| | 03 | Event | | | | | | | | | | |
| 5 Event | | | | | | | | | | | | |
| | I | Individual | | | | | | | | | | |
| | | Driver | | | Citations Issued | Sex | | | | | | |
| | AL | | | | 0 Date of Birth | Race | | | | | | |
| ъ | DQ | | | | | | | | | | | |
| | INDIVIDUAL | Address | | | Driver License Number | | | | | | | |
| | Z | 3 3 | | | Safety Equipment | | | | | | | |
| | | | n Duty | Crash | | | | | | | | |
| | Saf | fety Equipment | in Duty | orasii | Salety Equipment | | | | | | | |
| | | Seat Position | | | NONE USED - VEHICLE OCCUPANT | | | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use | | | Helmet Compliance | | | | | | | |
| | | | | | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | | |
| 5 | 001 | Iniuru | ijury Se | everity | Airbag | | | | | | | |
| 0 | 0 | Ejected | ΙΟ ΑΡ | PARENT INJURY | NOT APPLICABLE | Trapped/Extricated | | | | | | |
| | | | | NOT EJECTED/NOT APP | LICABLE | NOT APPLICABLE | | | | | | |
| | Medical Transport | | | | EMS Agency Identifier | EMS Run # | | | | | | |
| | | NOT TRANSPORTE | D | | Date of Death | Time of Death | | | | | | |
| | | Tiospital | | | Date of Death | | | | | | | |
| | Distracted By Source | | | | | | | | | | | |
| | | Distracted By Action | | | | | | | | | | |
| | | Non Motorist | triking | Unit # Location | | | | | | | | |
| | | Prior Action | | · | | | | | | | | |

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| UNIT | INDIVIDUAL | Action | | | | | |
|------|------------|--------------------------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| | Ľ | Action Other Suspected Alcohol U | se | Suspected Drug Use | | | To/From School |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| 2 | 001 | Drug Type | | | | | |
| | | Individual Condition NOT OBSERVED | | | | | |