19-09251

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash I	Document #	Agency Cra 19-09251		Investigating Offi	I	
Crash Date 07/26/2019	Crash Time 01:35 PM		Date Arrived 07/26/201		Time Arrived 01:53 PM		
Date Notified 07/26/2019	Time Notified 01:38 PM		Total Units 01		Total Injured 00	Total Kille	d
	and Run	Lane Close	ure	Work Zone	Trailer or	Towed	Reporting Threshold
Government Property		chool Zone	School Bus	Related	Tags		I T
Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)				Secondary Crash
Description							
Diagram DRAWING NOT TO SCAI	.E	Ċ				econstruction	Ву
	<u>{}</u>]					-	mation
						ditional Info DNE	mation
	N <i>U</i>						
U1	>						
SOUTH SHORE RD							
▶ I, a sworn law enforcement UNIT 1 WAS FOLLOWING ANOTH APPLIED THE BRAKES TO SLOW DITCH TO AVOID REAR ENDING	IER VEHICLE N	/B ON SOUTH SHO P SIGN. OPERATO	ORE RD APPI OR STATED 1	ROACHING THE INTE	ERSECTION WITH	ONALLY DF	
ON S SHORE RD 470 FT N				Latitude 43.43589281	15	Longitu	de 365078
					15		
OF PARK RD IN THE TOWN OF BARABOO IN SAUK COUNTY				X Coordinate 277952.0937	75	48128	dinate 78.5

19-09251

WISCONSIN MOTOR VEHICLE CRASH REPORT

Crash Scene

	First	Harmful Event			First Harmful Event Location						
	DIT	СН				SHOULDER RIGHT					
	Man	ner of Collision	Light Condition								
	NO	COLLISION W/VEHIC	DAYLIGHT								
	Road	d Surface Condition(s)	urface Condition(s)								
	DR۱	(
	Envi	ronment Factor(s)				1					
	NO	NE			NONE						
	Wea	ther Condition(s)									
	CLE	AR									
	Anim	nal Type				o Trafficwa					
		h Classification - Location	1					Jurisdiction			
		BLIC PROPERTY				Access Co		ISDICTION		Special Study	
	THUC				NO COI					Special Sludy	
	With	in Interchange Area	Junction Location		Intersection Type						
	NO	Ū	NON-JUNCTION		NOT AN INTERSECTION						
	Uni	t Summary			•						
		Status		Vehicle Ope	erating As C	lassification	lassification Unit Type				
		RANSIT		D CLASS	D CLASS				AUTOMOBILE		
01		cle Type				Operating As Endorsements					
0	-	SENGER CAR				Issued Total Trailers Total HazMat Types					
	1 ota 2	Occs	Train/Bus # Recorded	Total # Cita 0	Total # Citations Issued		Total Trail 0		1 otal Haz	iviat Types	
	Insurance? Direction Of Travel		-			- Crood Lin		Total Lan	es		
н	YES NORTHBOUND		Pre	Pre CrashTire Mark				2			
UNIT	Most	Harmful Event: Collision	With		Special Function NO SPECIAL FUNCTION			Emergency NOT APP			
		ic Way			Traffic Control			Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDED)		NO CONTROL			NO			
		асе Туре		Road Curva	Road Curvature			Road Grade			
	BLA	CKTOP (BITUMINOU	IS)	STRAIGH	STRAIGHT			DOWNHILL			
		k Bus or HazMat					•				
	NO										
		Vehicle					Country of Issuance				
		License Plate Number 173623	Plate Type	AUT - AUTOMOBILE		St	-				
		Vehicle Identification Nu	Make			WI Year	UNITED STATES Model				
2	6	1Z37J5S403810		CHEVROLET		1975	CORVETTE				
	Color				Body Style			Bus Use			
		WHI - WHITE			2T - HARDTOP 2 DOOR			NOT A BUS			
⊢	Ц	Initial Contact Point 1RIGHT FRONT CO		Vehicle Da	Vehicle Damage 6REAR, 12FRONT, UNDERCARRIAGE						
UNIT	₽	Extent Of Damage		6RFAR							
2	VEHICL	FUNCTIONAL DAMA	AGE	•	V-REAR, 12-1 KONT, UNDEROAKNIAGE						
		Towed Due To Damage			Vehicle Removed By						
	TOWED DUE TO DISABLING DAMAGE				MIKES TOWING						
		What Driver Was Doing		Vehicle Fa	ctors						
		GOING STRAIGHT Driver Prior Action Other	BRAKES	BRAKES							

19-09251

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Driver Actions										
	щ	NO CONTRIBUTIN	IG ACT	ION								
⊑∣	VEHICLE											
UNIT	H											
_	Ν											
		Owner Name ROBERT LAVERN		TMEVED		Owner Address 5552 DAVIS RD						
2	01	(608) 838-9676	покэ			DODGEVILLE, WI 5353	3 . US					
	0	()				· · , · · · ·	- ,					
		Sequence Of Events Event										
	01	DITCH										
	~	Event										
	02											
	03	Event										
	0											
	04	Event										
UNIT	l	Policy Holder Insurance Company										
5		HAGERTY INSURA				Individual ROBERT HORSTMEYER						
		ndividual Driver				Citations Issued	Sex					
		ROBERT LAVERN	HORS	TMEYER		0	MALE					
	IAL	(608) 838-9676				Date of Birth	Race					
⊢	INDIVIDUAL						WHITE					
	N	Address				Driver License Number						
	ND	5552 DAVIS RD	52522	115		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z DODGEVILLE, WI 53533 , US											
			On Duty	Crash		Safety Equipment						
	Saf	ety Equipment	On Duty	Clash		Salety Equipment						
	ĺ	Seat Position				SHOULDER & LAP BELT						
1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY												
	Helmet Use					Helmet Compliance						
		Eye Protection				Tint Compliance						
			Injury Se	ovority		Airbag						
2	001	Injury		PARENT I	NJURY	NON DEPLOYED						
	•	Ejected		Ejection Pa			Trapped/Extricated					
		NOT EJECTED		NOT EJE	CTED/NOT APPL	ICABLE	NOT TRAPPED					
	Medical Transport					EMS Agency Identifier	EMS Run #					
		NOT TRANSPORT	ED									
	Hospital					Date of Death	Time of Death					
			Distract	ed By Source	2							
	Distracted By NOT APPLICABLE (NOT DISTRACTED)											
	Distracted By Action											
		NOT DISTRACTED)									
		Non Motorist	Striking	Unit #	Location							
		Prior Action										

WISCONSIN MOTOR VEHICLE CRASH REPORT

Action **INDIVIDUAL** UNIT Action Other To/From School Suspected Drug Use Suspected Alcohol Use Drug & Alcohol NO NO Alcohol Test Giver Alcohol Test Type Alcohol Test Results **TEST NOT GIVEN** Drug Test Given Drug Test Type Drug Test Results **TEŠT NOT GIVEN** Drug Type 001 2 Individual Condition APPEARED NORMAL Individual Citations Issued Passenger Sex ANN HORSTMEYER 0 FEMALE (608) 838-9676 INDIVIDUAL Race Date of Birth WHITE Address Driver License Number 5552 DAVIS RD STATE: WISCONSIN COUNTRY: UNITED STATES DODGEVILLE, WI 53533, US On Duty Crash Safety Equipment Safety Equipment Seat Position SHOULDER & LAP BELT 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Severity Airbag 002 5 Injury **NO APPARENT INJURY** NON DEPLOYED Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport EMS Agency Identifier EMS Run # NOT TRANSPORTED Hospital Date of Death Time of Death Distracted By Source Distracted By Distracted By Action Striking Unit # Location Non Motorist Prior Action

19-09251

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action					
		Action Other					To/From School
	Ľ	Drug & Alcohol NO	se	Suspected Drug Use			1
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	•		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
6	002	Drug Type					
		Individual Condition APPEARED NORMAL					