

6TL09JDKXH

19-09251

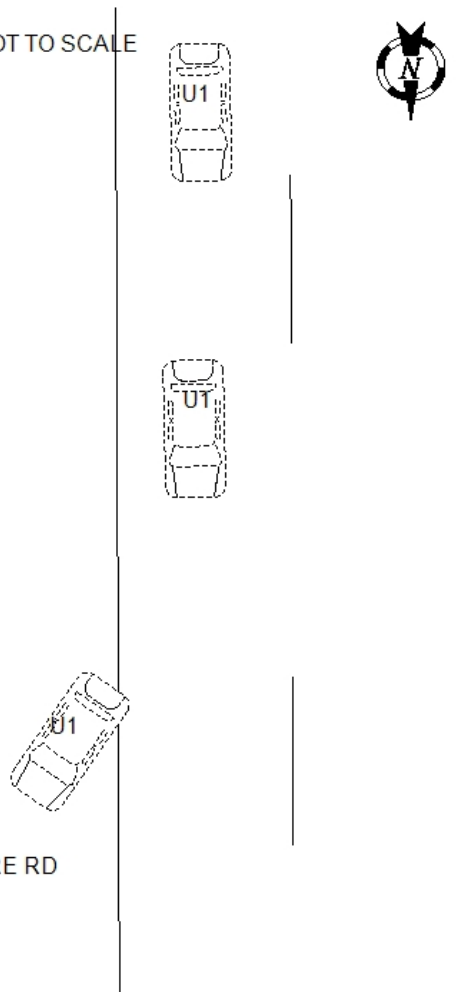
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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>19-09251</b>	Investigating Officer/Deputy <b>DEPUTY B. SCHLOUGH</b>	
Crash Date <b>07/26/2019</b>		Crash Time <b>01:35 PM</b>	Date Arrived <b>07/26/2019</b>	Time Arrived <b>01:53 PM</b>	
Date Notified <b>07/26/2019</b>		Time Notified <b>01:38 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input 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 <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 DRAWING NOT TO SCALE 	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS FOLLOWING ANOTHER VEHICLE N/B ON SOUTH SHORE RD APPROACHING THE INTERSECTION WITH CTH DL. OPERATOR OF UNIT 1 APPLIED THE BRAKES TO SLOW FOR THE STOP SIGN. OPERATOR STATED THE BRAKES FAILED AND HE INTENTIONALLY DROVE INTO THE S/B DITCH TO AVOID REAR ENDING THE VEHICLE HE WAS FOLLOWING. UNIT 1 CAME TO REST IN THE S/B DITCH FACING N/E.

## Location

<b>ON S SHORE RD 470 FT N OF PARK RD IN THE TOWN OF BARABOO IN SAUK COUNTY</b>	Latitude <b>43.435892815</b>	Longitude <b>-89.74365078</b>
	X Coordinate <b>277952.09375</b>	Y Coordinate <b>4812878.5</b>
	Structure Type	

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Crash Scene

Table with 7 rows and 2-3 columns detailing crash scene information such as First Harmful Event (DITCH), Location (SHOULDER RIGHT), Manner of Collision (NO COLLISION W/VEHICLE IN TRANSPORT), and Road Surface Condition (DRY).

Unit Summary

Table with 10 rows and 5-6 columns detailing unit information including Unit Status (IN TRANSIT), Vehicle Type (PASSENGER CAR), Total Occs (2), and Most Harmful Event (DITCH).

Vehicle

Table with 8 rows and 4-5 columns detailing vehicle information such as License Plate Number (173623), Make (CHEVROLET), Model (CORVETTE), and Initial Contact Point (1--RIGHT FRONT CORNER).

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>ROBERT LAVERN HORSTMAYER (608) 838-9676</b>	Owner Address <b>5552 DAVIS RD DODGEVILLE, WI 53533 , US</b>
01	01	<b>Sequence Of Events</b>	
	01	Event <b>DITCH</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	INDIVIDUAL	<b>Policy Holder</b>	
		Insurance Company <b>HAGERTY INSURANCE</b>	Individual <b>ROBERT HORSTMAYER</b>
UNIT	INDIVIDUAL	<b>Individual</b>	
		Driver <b>ROBERT LAVERN HORSTMAYER (608) 838-9676</b>	Citations Issued <b>0</b>
		Date of Birth	Sex <b>MALE</b>
		Race <b>WHITE</b>	
		Address <b>5552 DAVIS RD DODGEVILLE, WI 53533 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
UNIT	001	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	Airbag <b>NON DEPLOYED</b>
		Injury Severity <b>NO APPARENT INJURY</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
		EMS Run #	
		Hospital	Date of Death
		Time of Death	
		<b>Distracted By</b>	
		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
		Distracted By Action <b>NOT DISTRACTED</b>	
		Striking Unit #	Location
		<b>Non Motorist</b>	
		Prior Action	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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