

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL0BGSFDN

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-09599</b>	Investigating Officer/Deputy <b>DEPUTY B. LUBER</b>	
Crash Date <b>08/03/2019</b>		Crash Time <b>10:10 AM</b>	Date Arrived <b>08/03/2019</b>	Time Arrived <b>10:54 AM</b>	
Date Notified <b>08/03/2019</b>		Time Notified <b>10:15 AM</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

<p>Diagram</p> <p>CTH B</p> <p>NOT TO SCALE</p>	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.

U1 WAS EAST ON CTH B. U1 LEFT THE ROADWAY, ENTERED THE DITCH, RE-ENTERED CTH B AND PULLED OVER. OPERATOR U1 STATED HE HAD ALOT ON HIS MIND WHEN HE SWERVED FOR A POSSIBLE ANIMAL/POSSIBLE DEER. OPERATOR WAS NOT INJURED AND NO IMPAIRMENT DETECTED. VEHICLE NOT DISABLED DUE TO CRASH AND WAS REMOVED BY OPERATOR. OPERATOR WAS ISSUED A WRITTEN WARNING.

Location

<b>ON CTHB EB 0.40 MI W OF FOX RD IN THE TOWN OF TROY IN SAUK COUNTY</b>	Latitude <b>43.250836108</b>	Longitude <b>-89.921360062</b>
	X Coordinate <b>262849.21875</b>	Y Coordinate <b>4792815</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>DITCH</b>		First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</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>	

**Unit Summary**

<b>UNIT 01</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>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>DITCH</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>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

**Vehicle**

<b>UNIT 01 VEHICLE</b>	License Plate Number <b>408LFY</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2G4GK5EX7F9194449</b>		Make <b>BUICK</b>	Year <b>2015</b>	Model <b>REGAL</b>	
	Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>11--LEFT FRONT CORNER</b>		Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>7--LEFT REAR CORNER, 11--LEFT FRONT CORNER</b>			
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			

UNIT	VEHICLE	Driver Actions <b>FAILURE TO CONTROL</b>		
		Owner Name <b>JANE E RING (608) 588-4400</b>	Owner Address <b>950 ALMA AVE PLAIN, WI 53577 , US</b>	
01	01	<b>Sequence Of Events</b>		
	01	Event <b>RUN OFF ROADWAY LEFT</b>		
	02	Event <b>DITCH</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>SECURA-INS-A-MUTUAL-CO</b>	Individual <b>JANE RING</b>		
UNIT	<b>Individual</b>			
	Driver <b>HAYDN DELMAR RING (608) 588-4400</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>950 ALMA AVE PLAIN, WI 53577 , US</b>	Date of Birth	Race <b>WHITE</b>	
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	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>	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 <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				
<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 <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>					
		01	001				