19-10421

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override     Primary Crash Document #       Crash Date     Crash Time       08/20/2019     08:55 AM       Date Notified     Time Notified		19-10421       Time     Date Arrived			d	DEPUTY H Time Arrived	ed		
			08/20/2019         09:32 A           Total Units         Total Inju				ł	Total Kille	ed	
	08/20/2019	08:58 AM	1	02	1		01		00	
		and Run	Lane Clos			Work Zone	Trailer	or T	owed	Reporting Threshold
	Government Property		chool Zone	NO	Bus	Related	Tags			-
	Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)			Ameno	ded		Secondary Crash
	Description Diagram							Rec	construction	n By
	Not To Scale	<b>•</b>		Private Driveway			-	Ado	atos By ditional Info	ormation
		Free	dom Ro	bad						
	I, a sworn law enforceme UNIT 1 WAS EXITING THEIR DRI DRIVEWAY ACCESS AND STRUE	VEWAY. UNIT 2						D WF	IILE EMER	RGING FROM A NON-
-	ON FREEDOM RD					Latitude			Longitu	Jde
	541 FT W OF CTHC WB					43.35770368	1		-89.84	5466287
	IN THE TOWN OF HONEY CF	REEK				X Coordinate 269415.0937			Y Coor 48044	
						Structure Type				

19-10421

# WISCONSIN MOTOR VEHICLE CRASH REPORT

**Crash Scene** 

		irst Harmful Event					First Harmful Event Location					
		FOR VEH IN TRANSPO	DRT		ON ROADWAY							
		ner of Collision	Light Condition									
	08	FRONT TO SIDE		DAYLIGHT								
	Road	Surface Condition(s)				Roadway F	Factor(s)					
	DRY	<b>,</b>										
	Envi	ronment Factor(s)										
	NONE					NONE						
	Wea	ther Condition(s)										
	CLC	OUDY										
	Anim	al Type			Relation To		,					
	Cras	h Classification - Location				Crash Clas	sification -	Jurisdiction				
	PUE	SLIC PROPERTY				NO SPEC	CIAL JUR	SDICTION				
	Triba	I Land				Access Co NO CON				Special Study		
	Withi	n Interchange Area	Junction Location		Intersectio	n Type						
	NO DRIVEWAY ACCESS				NOT AN	INTERSECTION						
l		t Summary										
		Status		Vehicle Ope	erating As C	assification		Unit Type				
		RANSIT		D CLASS				TRUCK				
2		cle Type						Operating As Endorsements				
0		LITY TRUCK/PICKUP T			Total # Citations Issued		Tetel Teel	1	Total LlasMat Types			
	1 otal	Occs	Train/Bus # Recorded	l otal # Citat	tions Issued		Total Trailers <b>0</b>		Total HazMat Types 0			
		20002			0 111		nit	U Total Lane	29			
н	Insurance? Direction Of Travel YES SOUTHBOUND				CrashTire Mark		45	int	2			
UNIT	Most	Harmful Event: Collision W	/ith		Special Function			Emergency		cle Use		
2		FOR VEH IN TRANSPO	DRT	NO SPEC		TION		NOT APP				
		ic Way D-WAY, NOT DIVIDED	Traffic Cont	NO CONTROL			Traffic Cont	rol Inoperat	tive/Missing			
		ace Type	Road Curva	-			Road Grade					
			5)	STRAIGH				UPHILL				
		k Bus or HazMat	011010				••••==					
	NO											
	١	Vehicle										
		License Plate Number		Plate Type			St	Country of Is	suance			
		NP6026		LTK - LIG	LTK - LIGHT TRUC		K WI		UNITED STATES			
2	01	Vehicle Identification Num		Make			Year	Model	•			
0	0	1GCGK13U61F20436	2	CHEVRO Body Style			2001	SILVERADO				
		GRN - GREEN	PK - PIC				Bus Use NOT A BU	s				
	Щ	Initial Contact Point		Vehicle Da								
₽	CL	12FRONT										
UNIT	VEHICL	Extent Of Damage MINOR DAMAGE	1RIGHT	1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT					FRONT			
		Towed Due To Damage		Vehicle Re	Vehicle Removed By							
		NOT TOWED		OPERAT								
		What Driver Was Doing		Vehicle Fa	ctors							
		LEFT TURN			LICABLE							
		Driver Prior Action Other										

#### 19-10421

		Driver Actions									
		FAILED TO YIELD RIGH	T-OF-WAY								
. 1	Щ										
LNU LNU	VEHICL										
ΞI	Ŧ										
2	Ш										
	>										
		Owner Name		Owner Address							
		JASON H GOLL		E9558 FREEDOM RD							
2	01	(608) 963-7537		NORTH FREEDOM, WI 53951 , US	S						
•	0										
		Sequence Of Events									
	-	Event									
	01	MOTOR VEH IN TRANSPORT									
		Event									
	02	Event									
	0										
		Event									
	03										
	4	Event									
	04										
UNIT		Policy Holder									
ΞI		Insurance Company		Individual							
		WADENA-INSURANCE-	20	JASON GOLL							
		ndividual									
		Driver		Citations Issued	Sex						
		DYLAN ALPHONSE GOI	1		MALE						
		(608) 963-7391		1							
		(000) 303-7331		Date of Birth	Race						
нI	d				WHITE						
	INDIVIDUAL	Address		Driver License Number							
5	ō	E9558 FREEDOM RD		STATE: WISCONSIN COUNTRY: UNITED STATES							
	z	NORTH FREEDOM, WI 5	2051 119								
	-	NORTH FREEDOW, WI J									
		On Dut	ty Crash	Safety Equipment							
	Saf	ety Equipment	ly orasin								
	our										
		Seat Position		SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT S	IDE (DRIVER/MOTORCY								
		Helmet Use		Helmet Compliance							
		Heimet Ose		Treimer Compliance							
		Eye Protection		Tint Compliance							
	_ !		Severity	Airbag							
2	00			-							
- I	0		PPARENT INJURY	NON DEPLOYED							
		Ejected	Ejection Path		Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT APP	PLICABLE	NOT TRAPPED						
		Medical Transport		EMS Agency Identifier	EMS Run #						
				LING Agency Identifier							
		NOT TRANSPORTED									
		Hospital		Date of Death	Time of Death						
	Distracted By Source										
	Distracted By Source										
	Distracted By NOT APPLICABLE (NOT DISTRACTED)										
	Distracted By Action										
		NOT DISTRACTED									
			Lootion								
		Non Motorist	g Unit # Location								
		Prior Action	<b>_</b>								

19-10421

		Action										
UNIT	INDIVIDUAL											
		Action Other										To/From School
	L	Drug & Alcohol	Susp NO	pected Alcohol I	Jse		Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Typ	pe	-			Alcohol Test	Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type	Drug Test Type Drug Test Results						
6	001	Drug Type				_						
		Individual Condition										
	,	Violations										
	01	UTC Number AE139428	lssu 001		atute Number 6.18(4)		Description FAIL/YIELD EMERG	ING FI		HIGHWAY	ACCESS	
		t Summary										
		Status <b>RANSIT</b>					hicle Operating As Classi	fication		Unit Type AUTOMOBILE		
02	Vehio	cle Type			I					Operating As		nents
0	-	SENGER CAR	,	Train/Bus # Re	acordod	<b>T</b> 0	tal # Citations Issued		Total Traile		Total HazM	Act Tupos
	1			Direction Of T		0 0					0 Total Lane	
UNIT	YES			WESTBOUN	ND	Mark 45					2	
5	MO	Harmful Event: Collisic				Special Function NO SPECIAL FUNCTION				Emergency I NOT APPL	LICABLE	
		ic Way D-WAY, NOT DIVIDE	ED			Traffic Control NO CONTROL			Traffic Contr NO	ol Inoperativ	ve/Missing	
	Surfa	асе Туре				Ro	ad Curvature			Road Grade		
		CKTOP (BITUMINC k Bus or HazMat	)US)	)		STRAIGHT				UPHILL		
	NO	Dus of Fidemax										
		Vehicle										
		License Plate Number 923UTG	-				late Type <b>UT - AUTOMOBILE</b>		St WI	Country of Iss		
~		Vehicle Identification N	Numt	ber			lake			UNITED STATES Model		
02	02	1HGCD5631TA298	3560				ONDA		1996	ACCORD L	.X/	
		Color BLU - BLUE				41	ody Style D - 4DR			Bus Use NOT A BUS		
⊢	CLE	Initial Contact Point 4RIGHT SIDE RE	۵R			Ve	ehicle Damage					
UNIT	VEHICL	Extent Of Damage		E		3RIGHT SIDE MIDDLE, 4RIGHT SIDE REAR, 5RIGHT REAR CORNER						EAR CORNER
		Towed Due To Damag	је				ehicle Removed By PERATOR					
		What Driver Was Doin	-			Ve	ehicle Factors					
		GOING STRAIGHT Driver Prior Action Oth				NOT APPLICABLE						

#### 19-10421

		Driver Actions NO CONTRIBUTING ACT								
Ь	Щ	NO CONTRIBUTING ACT								
UNIT	VEHICLE									
⊃	μ									
	>									
		Owner Name		Owner Address						
•	~	MARIA H ASKEY		E11872 DAM HEIGHTS RD						
02	02	(608) 370-1476		PRAIRIE DU SAC, WI 53578, US						
	;	Sequence Of Events								
	5	Event MOTOR VEH IN TRANSP	ODT							
	0		UKI							
	02	Event								
	-	Friend								
	03	Event								
	_	Event								
	04									
∟	1	Policy Holder								
UNIT		Insurance Company		Individual						
2		STATE-FARM-MUTUAL-A	AUTOMOBILE-INS-CO	MARIA ASKEY						
	I	ndividual								
		Driver		Citations Issued	Sex					
	Ļ	JENNIFER MARIE SMITH (608) 279-4514		0	FEMALE					
	Ŋ	(000) 27 3-43 14		Date of Birth	Race HISPANIC					
UNIT	INDIVIDUAL	Address		Driver License Number						
5	ā	S9668A WILHELM DR		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z	PRAIRIE DU SAC, WI 535	578,US							
	<b>C</b> -4	On Duty	y Crash	Safety Equipment						
	Sai	fety Equipment								
		Seat Position		SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
02	002	Injury S	everity	Airbag						
0	õ	Injury POSSI		NON DEPLOYED						
			Ejection Path		Trapped/Extricated NOT TRAPPED					
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPL	EMS Agency Identifier	EMS Run #					
		NOT TRANSPORTED								
		Hospital		Date of Death	Time of Death					
	Distracted By Source									
	Distracted By NOT APPLICABLE (NOT DISTRACTED)									
		Distracted By Action NOT DISTRACTED								
		Striking	Unit # Location							
		Non Motorist								
		Prior Action								

19-10421

UNIT	INDIVIDUAL	Action						
	Ľ	Action Other Drug & Alcohol	Suspected Alcohol Us	se	Suspected Drug Use			To/From School
		Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN		Alcohol Test Type Drug Test Type		Drug Test Results	Alcohol Test Results	
02	002	Drug Type Individual Condition APPEARED NORMA	AL					