6TL0BNZM01

19-10658

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override			Agency Crash Number 19-10658			Investigating Officer/Deputy DEPUTY A. BREUNIG				
5	Crash Date 08/25/2019	Crash Time 12:23 PM Time Notified 12:23 PM		Date Arrived 08/25/2019		Time Arrived 12:23 PM					
∑	Date Notified 08/25/2019			Total Units 01		Total Injured	Total Kille	d			
OIFORNZINIO	On Emergency Hi	t and Run	Lane Closu	ure	Work Zone	 Trailer or	Towed	Reporting Threshold			
	Government Property	Active Sc	Active School Zone School Bus Relat			Tags	Tags				
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amended	d Secondary Crash				
	Description Diagram					Ιp	econstruction	Dv			
	- Regram	1	7)				hotos By	Бу			
						,					
		(-3 MAII	LBOXES			Additional Information NONE				
		'	Own com]							
			EWAY TO 371 AND E1	1373							
	N RE	EEDSBURG R	D								
			NO	T TO SCALE	Ē						
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	UNIT 1 WAS TRAVELING NORTHBOUND IN THE DRIVEWAY OF FOX HILL RV PARK AND CAMPGROUND. UNIT 1 WAS MAKING A RIGHT TURN ONTO N REEDSBURG RD. UNIT 1 WAS ATTEMPTING TO TURN OUT QUICKLY IN FRONT OF TRAFFIC. UNIT 1 TURNED TO SHARP. UNIT 1 TRAILER STRUCK 3 MAILBOXES. I WITNESSED THE CRASH.										
	Location										
•	ON E11371 REEDSBURG RE 0.39 MI E OF N REEDSBURG RD)		Latitude 43.532177	Longitude -89.755368797						
	(FIRE E11371)		X Coordinate 277357.87								
	IN THE TOWN OF FAIRFIELI IN SAUK COUNTY		Structure Ty FIRE	tructure Type IRE							

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Crash Scene

Ī	First	Harmful Event	First Harmful Event Location									
	MAI	LBOX	ON ROADWAY									
	Manr	lanner of Collision					Light Condition					
	NO (NO COLLISION W/VEHICLE IN TRANSPORT					DAYLIGHT					
	Road Surface Condition(s)					Roadway	Factor(s)					
	DRY	•										
ŀ	Envir	ronment Factor(s)										
	NONE					NONE						
	Weather Condition(s)											
	CLOUDY											
	Animal Type						o Trafficwa	•				
ŀ	Cras	h Classification - Location				Crash Clas	ssification -	Jurisdiction				
		SLIC PROPERTY						ISDICTION				
	Triba	ll Land				Access Control Special Study NO CONTROL				Special Study		
	Withi	ŭ	Junction Location		Intersection							
	NO		DRIVEWAY ACCESS-REL	.ATED	NOT AN	INTERSE	CTION					
		Summary ===										
		Status		-	Vehicle Operating As Class			Unit Type				
		RANSIT cle Type	D CLASS	D CLASS				TRUCK Operating As Endorsements				
6		ORT) UTILITY VEHICLE	=			Operating As Endorsements						
ŀ	Total Occs Train/Bus # Recorded			Total # Cita	Total # Citations Issued		Total Trailers Total F		Total Haz	azMat Types		
	1			0			1		0			
	Insurance? Direction Of Travel		Pre	Pre CrashTire		Speed Lir			es			
LNO	YES EASTBOUND				□ Mark		45	Emergency Motor Vehicle Use				
5	Most Harmful Event: Collision With MAILBOX				Special Function NO SPECIAL FUNCTION			NOT APPLICABLE				
İ	Traffic Way				Traffic Control			Traffic Control Inoperative/Missing				
	TWO-WAY, NOT DIVIDED				NO CONTROL			NO				
		ace Type		Road Curvature STRAIGHT			Road Grade LEVEL					
ŀ		CKTOP (BITUMINOUS k Bus or HazMat	STRAIGH	STRAIGHT								
	NO											
	1	Vehicle										
		License Plate Number	Plate Type			St	Country of Issuance					
		KM9868 Vehicle Identification Number		LTK - LIG	LTK - LIGHT TRUCK Make		WI	UNITED STATES Model				
2	01						Year					
0	0	3GKGK26U81G19720	8		L MOTOR	S COR	2001	YUKON XL K				
	Color BLK - BLACK				Body Style UT - SPORT UTILITY VEHICLE		_E	Bus Use NOT A BUS				
.	Initial Contact Point		Vehicle Damage									
LNO	3RIGHT SIDE MIDDLE		2 DICUT	3RIGHT SIDE MIDDLE, 4RIGHT SIDE REAR								
>	3RIGHT SIDE MIDDLE Extent Of Damage FUNCTIONAL DAMAGE									3RIGHT		
		Towed Due To Damage NOT TOWED	moved By	,								
		What Driver Was Doing			OWNER Vehicle Factors							
		RIGHT TURN			0.010							
		Driver Prior Action Other			NOT APPLICABLE							
				•								

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	_								•	•	
		Driver Actions FAIL LIPE TO CONTROL									
	VEHICLE	FAILURE TO CONTROL									
UNIT	\overline{c}										
5	ᇤ										
	7										
		Owner Name					Address	Б			
5	01	DONALD JOSEPH 6 (414) 416-6893	301H				HAYMARKET RI KESHA, WI 5318				
0	0	(414) 416-6693				1170	ALONIA, WI GOTO	, 00			
	\$	Sequence Of Eve	ents								
	01	Event MAILBOX									
	0										
	02	Event									
	0	_									
	03	Event									
	_	_									
	04	Event									
⊨	I	Policy Holder									
UNIT		Insurance Company				Individua					
		ACUITY,-A-MUTUAL	INSURA	NCE-C	0	DONAL	.D GUTH				
	7	Trailer/Towed									
_		Trailer Plate #	Plate Typ	e I	Make		State	Coun	ntry of Issuance		
5		RV33446	RVT - R	EC I	HTRE		WI		ED STATES		
	٦ ۾	Unit Type	Individual				•	Addre			
╘	TRAILER/ TOWED	RECREATIONAL DONALD JOSEPH G				BUTH			HAYMARKET RD		
UNIT	₹ &	Vehicle Identification Number (414) 416-6893					WAUKESHA, WI 53189 , US				
	ᄕᄓ	5SFEB3228EE279768									
		ndividual									
		Driver		Citations	Issued		Sex				
	ب	DONALD JOSEPH GUTH (414) 416-6893					MALE				
	A				Date of I	Birth		Race			
╘	NDIVIDUA					WHITE					
UNIT	\geq	Address	DD			Driver License Number					
	Ä	1811 HAYMARKET RD WAUKESHA, WI 53189 , US				STATE: WISCONSIN COUNTRY: UNITED STATES					
	Saf	fety Equipment	On Duty Crash				Safety Equipment				
		Seat Position				SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY									
		Helmet Use		Helmet Compliance							
		1 16111161 036				Tomot ostriphatos					
		Eye Protection				Tint Compliance					
		<u> </u>									
5	90	Injury Severity NO APPARENT INJURY				Airbag					
	0					NON DEPLOYED					
		l '		ction Path					Trapped/Extricated		
		NOT EJECTED NOT EJECTED/NOT APP					NOT TRAPPED EMS Run #				
		Modical Transport						EMS Agency Identifier			
		Medical Transport				EIVIS AG	oney identine				
		NOT TRANSPORTE									
						Date of I			Time of Death		
		NOT TRANSPORTE Hospital	D Distracted By	/ Source		Date of I					
		NOT TRANSPORTE Hospital	D Distracted By	/ Source	E (NOT DISTR <i>a</i>	Date of I					
		NOT TRANSPORTE Hospital Distracted By Distracted By Action	D Distracted By	/ Source	E (NOT DISTR <i>a</i>	Date of I					
		NOT TRANSPORTE Hospital Distracted By	D Distracted By	/ Source	E (NOT DISTR <i>a</i>	Date of I					

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		Non Motori	Striking Unit #	Location								
		Prior Action		1								
 		Action	ion									
	٦											
LIND	INDIVIDUAL											
5	IDIV											
	2											
		Action Other	Action Other									
			Suspected Alcohol U	Jse	Suspected Drug Use							
	L	Drug & Alcohol NO			NO							
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type)	Alcohol		hol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results							
2	001	Drug Type										
	0											
		Individual Condition		Al								
		APPEARED NORMAL										
		perty Owne		1	Addross							
, 01	FOX (608	(HILL RV PARK 8) 356-5890	& CAMPGROUND		Address E11371 BARABOO, WI 53913 , US							
PROP OWNER		•										
	Fixed Objects Struck											
	6	Striking Unit 01	Struck Object MAILBOX		Structure Numb			Damage Tag Number				
Property Owner												
02		idual IES M SWANSO	N		Address E11372 N REEDSBURG RD							
PROP OWNER					BARABOO, WI 53913 , US							
		d Objects St	ruck									
	05	Striking Unit	Struck Object				Structure Number	Damage Tag Number				
		01	MAILBOX									