

6TLOB8M7VV

19-10657

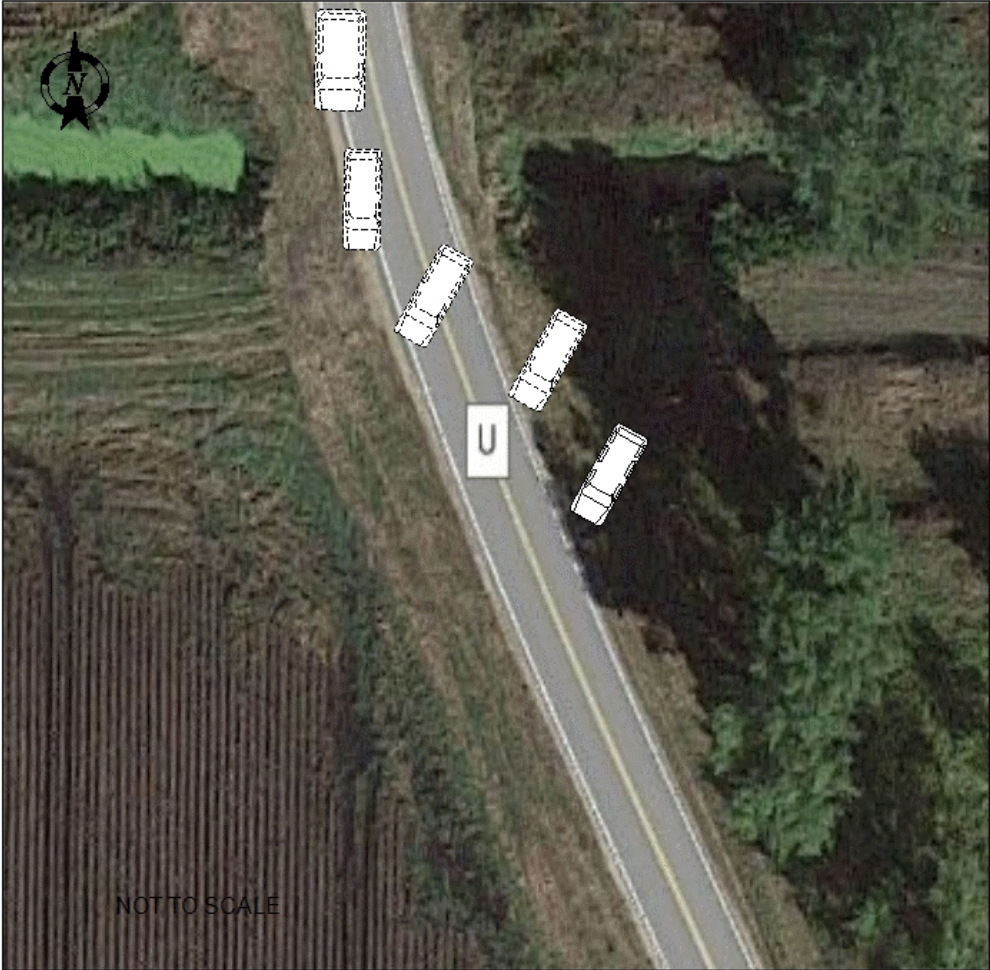
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 19-10657		Investigating Officer/Deputy DEPUTY B. MEARS	
Crash Date 08/25/2019		Crash Time 11:38 AM		Date Arrived 08/25/2019		Time Arrived 11:49 AM	
Date Notified 08/25/2019		Time Notified 11:38 AM		Total Units 01		Total Injured 02	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram	Reconstruction By
	Photos By DEPUTY MEARS
	Additional Information PHOTOS

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

UNIT WAS SB ON CTH U NEGOTIATING A LEFT HAND CURVE WHEN UNIT GOT OFF ON THE RT SIDE OF THE ROAD. OPERATOR STEERED LEFT SHARPLY TO RETURN TO THE ROADWAY. UNIT BEGAN TO SLIDE SIDEWAYS SE. UNIT CROSSED THE CENTERLINE THEN TRAVELLED INTO THE EAST SIDE. TURNED ONTO THE FRONT SIDE HOOD AREA THEN TURNED OVER AND STOPPED ON THE DRIVERS SIDE WHERE IT CAME TO REST FACING SW. BOTH OPERATORS WERE ABLE TO GET OUT OF THE UNIT WHICH HAD SEVERE DAMAGE TO THE FRONT/HOOD AND DRIVERS SIDE. UNIT WAS REMOVED BY BILLS. OPERATOR WAS TRANSPORTED TO ST CLARE HOSPITAL BY BARABOO EMS FOR TREATMENT OF NECK/BACK PAIN AND WAS CITED FOR DRIVING TOO FAST FOR CONDITIONS. THE PASSENGER WAS NOT INJURED. BARABOO FIRE ALSO RESPONDED. THE PASSENGER LATER ADVISED THE OPERATOR THAT HE HAD SUFFERED AN INJURY, A FRACTURED RIB.

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Location

ON CTHU SB 0.87 MI S OF HEIN ROAD CONN IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.526463906	Longitude -89.634657519
	X Coordinate 287091.96875	Y Coordinate 4822653
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER LEFT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements				
	Total Occs 02	Train/Bus # Recorded	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 02	
	Most Harmful Event: Collision With OVERTURN/ROLLOVER		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control WARNING SIGN	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT	Road Grade LEVEL		
	Truck Bus or HazMat NO					

UNIT	VEHICLE	Vehicle			
		License Plate Number AF49593	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
		Vehicle Identification Number KL4CJASB524319	Make BUICK	Year 2020	Model ENCORE
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage 1--RIGHT FRONT CORNER, 4--RIGHT SIDE REAR, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER		
		Extent Of Damage DISABLING DAMAGE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		
		Vehicle Removed By BILLS TOWING			

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UNIT VEHICLE	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE, OVER-CORRECTING/OVER-STEERING		
01 01	Owner Name SEBASTIAN CASTELLO (630) 464-1259	Owner Address 230 BONNIE BRAE AVE ITASCA, IL 60143 , US	
	Sequence Of Events		
01 02 03 04	Event RUN OFF ROADWAY RIGHT		
	Event CROSS CENTERLINE		
	Event DITCH		
	Event OVERTURN/ROLLOVER		
UNIT	Policy Holder		
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual DEEDEE CASTELLO	
UNIT INDIVIDUAL	Individual		
	Driver DEEDEE M CASTELLO (630) 464-1259	Citations Issued 01	Sex FEMALE
		Date of Birth	Race WHITE
	Address 230 BONNIE BRAE AVE ITASCA, IL 60143 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
01 001	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
01 001	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-SIDE
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6000368	EMS Run #
	Hospital ST CLARE HOSP	Date of Death	Time of Death
	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED		
	Non Motorist	Striking Unit #	Location
	Prior Action		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT 01	INDIVIDUAL	Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition APPEARED NORMAL			
		Individual			
		Passenger JOSEPH J HUBBLE (630) 477-4428	Citations Issued 00	Sex MALE	
		Address 760 STANFORD CAROL STREAM, IL 60188 , US		Date of Birth	Race WHITE
Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES					
UNIT 01	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-SIDE	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		Distracted By	Distracted By Source		
		Distracted By Action			
Non Motorist	Striking Unit #	Location			
Prior Action					

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition APPEARED NORMAL			
	01	001	Violations			
			UTC Number AD980960	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST FOR CONDITIONS