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19-10976

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #	Agency Crash Nu 19-10976	mber	Investigating Off DEPUTY E. K		
Crash Date 09/02/2019	Crash Time 10:20 AM	Date Arrived 09/02/2019		Time Arrived 11:29 AM		
Date Notified 09/02/2019	Time Notified 10:20 AM	Total Units 02		Total Injured	Total Kille 00	d
Crash Date 09/02/2019 Date Notified 09/02/2019 On Emergency Government Property	and Run		rk Zone	Trailer or	Towed	Reporting Threshold
Government Property	Active School Zone	School Bus Relate	ed	Tags		
Reportable	Crash Type DT4000 (STANDARD CRASH	1)				Secondary Crash
Description Diagram				Re	econstruction	By
					Construction	C,
👾				Ph	otos By	
not to scale	n winstead st					
not to scale	1]	Ac	ditional Infor	mation
e jefferson st						
		(/) () 2 ()				
		[]				
		<u> </u>				
✔ I, a sworn law enforcement UNIT 2 WAS STOPPED IN TRAFF	nt officer, agree that I have no					
STRUCK THE REAR END OF UNI OPERATOR. UNIT 2 SUSTAINED	T 2. NO INJURIES REPORTED BY	EITHER PARTY.	UNIT 1 SUSTAIN			
			1			
ON STH23 EB 25 FT S			Latitude 43.176802591	1	Longitue -90.064	de 1012258
OF E JEFFERSON ST IN THE VILLAGE OF SPRING	GREEN		X Coordinate 250966.9375		Y Coord 478500	
IN SAUK COUNTY			Structure Type	IRE		-
			NO SIKUCI			

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Crash	Scene
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		Harmful Event	First Harmful Event Location							
		FOR VEH IN TRANSF	ORT		ON ROADWAY					
		ner of Collision				Light Condition				
	02	FRONT TO REAR				DAYLIGHT				
	Road	Road Surface Condition(s)					Roadway Factor(s)			
	DRY	,								
	Envi	nvironment Factor(s)								
	NOM	IE				NONE				
	Wea	ther Condition(s)								
	CLE	AR								
	Anim	al Type				Relation To	o Trafficwa	av.		
						TRAFFIC	WAY - O	N ROAD		
		h Classification - Location	ו					Jurisdiction		
	-							RISDICTION		
	ITIDS	I Land				Access Co				Special Study
	Withi	n Interchange Area	Junction Location		Intersectio	n Type				
	NO		INTERSECTION		T-INTER	SECTION				
I	Unit	t Summary 🗖								
		Status			erating As C	lassification		Unit Type		
		RANSIT		D CLASS	D CLASS		TRUCK			
0		cle Type _ITY TRUCK/PICKUP	TRUCK			Operating As Endorsements				
•			Train/Bus # Recorded	Total # Cita	Total # Citations Issued To		Total Trai			Mat Types
	1 1	Occs	Tall/Dus # Recorded	10iai # Cita 0			0		Total HazMat Types 0	
		ance?	Direction Of Travel		Pre CrashTire		Speed Limit		Total Lanes	
F	YES		NORTHBOUND		Mark		25		2	
UNIT		Harmful Event: Collision			Special Function NO SPECIAL FUNCTION			Emergency NOT APPI		cle Use
_		FOR VEH IN TRANSP	Traffic Cont		TION		Traffic Cont		ive/Missing	
		D-WAY, NOT DIVIDE)	NO CONT				NO		
		асе Туре		Road Curva		Road			d Grade	
	BLA	CKTOP (BITUMINOL	JS)	STRAIGH	т	LEVEL				
		k Bus or HazMat		_						
	NO									
		Vehicle		- I			<u>.</u>			
		License Plate Number			Plate Type LTK - LIGHT TRUCK		St Country of I			
		JT8227 Vehicle Identification Nu	Imber	Make			WI Year	UNITED ST Model	IATES	
2	01	1C6RR7NT5HS5733		RAM			2017	NO DATA FO		
		Color		Body Style				Bus Use		
		BLK - BLACK		PK - PIC				NOT A BU	5	
ъ	Ľ	Initial Contact Point 12FRONT		Vehicle Da	image					
UNIT	F			12FROI	лт					
2	12FRONT Extent Of Damage FUNCTIONAL DAMAGE			12-11(0)	•••					
		Towed Due To Damage Vehicle Removed By NOT TOWED OPERATOR								
		What Driver Was Doing GOING STRAIGHT		Vehicle Fa	ctors					
		Driver Prior Action Othe	r		LICABLE					

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		Driver Actions FOLLOWING TOO CI	1	-								
.	Щ	FOLLOWING TOO CI	LUSI	2								
UNIT	VEHICLE											
5	H											
	N N											
		Owner Name				Owner Address						
_	_	JOEL ARLEN FISHE	R			W10166 NOW RD						
2	01	(715) 493-1486				BIRNAMWOOD, WI	54414 , US					
		Sequence Of Ever	nto									
		Sequence Of Even Event	1113									
	01	MOTOR VEH IN TRANSPORT										
	-											
	02	Event										
	0											
	03	Event										
	0											
	04	Event										
	0											
_	, i	Policy Holder										
UNIT		Insurance Company				Individual						
5		AMERICAN-FAMILY-	INS-	co		JOEL FISHER						
				<u> </u>		VOLE HIGHLIN						
		ndividual				-		-				
		Driver	_			Citations Issued		Sex				
	_	JOEL ARLEN FISHE	R			0		MALE				
	٩ſ	(715) 493-1486			Date of Birth		Race					
Еİ	D							WHITE				
	INDIVIDUAL	Address				Driver License Number						
-	9	W10166 NOW RD										
	=	BIRNAMWOOD, WI 5	94414	i, US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		Or	n Duty	^r Crash		Safety Equipment						
	Saf	ety Equipment										
		Seat Position				SHOULDER & LAP B	BELT					
		1FRONT SEAT-LEF	T SI	DE (DRIVE	R/MOTORCY							
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
_	~	Inj	ury S	everity		Airbag						
2	001			PARENT	INJURY	NON DEPLOYED						
		Ejected	-	Ejection Pa				Trapped/Extricated				
		NOT EJECTED			CTED/NOT APPI	ICABLE		NOT TRAPPED				
		Medical Transport				EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	5									
		Hospital				Date of Death		Time of Death				
		riospital				Date of Death		Time of Death				
			otroot	od Dy Source	0							
		Distracted By NO		ed By Source PPI ICAB		CTED)						
						0.20						
		Distracted By Action NOT DISTRACTED										
		Non Motorist	riking	Unit #	Location							
		Prior Action										

		Action							
	AL								
UNIT	INDIVIDUAL								
5	DIV								
	Z								
		Action Other							To/From School
		Susp	pected Alcohol U	se	Suspected Drug Use				
	-	Drug & Alcohol NO		Alcohol Test Type	NO		Alcohol Test Results		
		TEST NOT GIVEN		Alconol rest type			AICONOL LES	Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Typ			Drug Test Results			
5	001	Drug Type							
	-	Individual Condition							
		APPEARED NORMAL							
	Uni	t Summary							
		Status RANSIT			ehicle Operating As Classi	Unit Type AUTOMOBILE			
N		cle Type				Operating As Endorsements			
02		SENGER CAR							
	Tota 1	I Occs	Train/Bus # Re	corded To	otal # Citations Issued	d Total Trailers		Total HazM	lat Types
		rance?	Direction Of Tra		Pre CrashTire	Speed Lim			5
UNIT	YES Most	Harmful Event: Collision Wi	NORTHBOUI	Sp	Decial Function	25	2 Emergency Motor Vehicle Use		le Use
		TOR VEH IN TRANSPO	RT		O SPECIAL FUNCTIO	NOT APPLICABLE Traffic Control Inoperative/Missing			
		ic Way D-WAY, NOT DIVIDED			affic Control O CONTROL	NO			
	Surfa	асе Туре			bad Curvature	Road Grade			
		CKTOP (BITUMINOUS) k Bus or HazMat		S	STRAIGHT LEVEL				
	NO								
	Y	Vehicle		T			Open 1		
		License Plate Number 992GKX			Plate Type	St WI	Country of Issuance UNITED STATES		
02	2	Vehicle Identification Numb		N	lake	Year	Model		
0	02	1VWAS7A30EC032112 Color	2		OLKSWAGEN Body Style	2014	PASSAT Bus Use		
		SIL - SILVER (ALUMIN	IUM)	s	SD - SEDAN		NOT A BU	5	
⊢	Ë	Initial Contact Point 6REAR		V	ehicle Damage				
UNIT	VEHICL	Extent Of Damage		6	REAR				
	2								
		Towed Due To Damage NOT TOWED			ehicle Removed By				
		What Driver Was Doing			ehicle Factors				
		STOP IN TRAFFIC Driver Prior Action Other		N					

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	щ	Driver Actions NO CONTRIBUTING ACT	ION								
UNIT	VEHICL										
	VE										
~	2	Owner Name SAMUEL ELIJAH BRUEG	GEMAN	Owner Address S6091 COUNTY ROAD PF							
03	02	(608) 393-0254		NORTH FREEDOM, WI 53951 , US							
		Sequence Of Events									
	01	Event MOTOR VEH IN TRANSPORT									
	02	Event									
	03	Event									
	04	Event									
нI	Ē	Policy Holder									
UNIT		Insurance Company	<u>^</u>								
_		AMERICAN-FAMILY-INS-		WILLIAM BRUEGGEMAN							
		ndividual Driver		Citations Issued	Sex						
	_	SAMUEL ELIJAH BRUEG	GEMAN	0	MALE						
⊢	INDIVIDUAL	(608) 393-0254		Date of Birth	Race WHITE						
	IVI	Address S6091 COUNTY ROAD PI	F	Driver License Number							
	IN	NORTH FREEDOM, WI 53		STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty	/ Crash	Safety Equipment							
	Saf	ety Equipment									
		Seat Position		SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SI Helmet Use	DE (DRIVER/MOTORCY	Helmet Compliance							
		Eye Protection		Tint Compliance							
02	002	Injury S Injury NO AP	everity PPARENT INJURY	Airbag NON DEPLOYED							
		Ejected	Ejection Path		Trapped/Extricated						
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APP	EMS Agency Identifier	NOT TRAPPED EMS Run #						
		NOT TRANSPORTED									
		Hospital		Date of Death	Time of Death						
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)										
		Distracted By Action NOT DISTRACTED									
		Non Motorist	Unit # Location								
		Prior Action									

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UNIT	INDIVIDUAL	Action					
	Ľ	Action Other Suspected Alcohol U Drug & Alcohol NO	lse	Suspected Drug Use			To/From School
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		_	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	002	Drug Type			1		
		Individual Condition APPEARED NORMAL					