WISCONSIN MOTOR VEHICLE CRASH REPORT

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

							(608) 356-4895	
Document Number Override	Primary Crash	Primary Crash Document # Agency Crash Nu 19-11241			Investigating Off DEPUTY W. N	g Officer/Deputy W. NEUBAUER		
Crash Date	Crash Time		Date A		Time Arrived	Time Arrived		
09/08/2019	06:10 PM		09/08/			06:43 PM		
Date Notified 09/08/2019	Time Notified 06:20 PM	Time Notified 06:20 PM		Inits	Total Injured 01	Total Kille	Total Killed 00	
On Emergency	Hit and Run	Lane Closu	ure Work Zone		Trailer or	Towed	Reporting Threshold	
Government Property	Active So	chool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	Crash Type DT4000 (STANDARD CRASH)			Amended	Secondary Crash		
Description ==	iption							
Diagram						construction otos By EP. W. NE	•	
						DEP. W. NEUBAUER		
-		`\			Ad N O	Additional Information NONE, PHOTOS		
I, a sworn law enforcement officer, agree that I have not added				NOT TO SCA				
ON 9-8-19 AT APPROX 18 HE LOOKED DOWN FOR F UNABLE TO DO SO. UNIT HOSPITAL FOR A SUSPEC INJURIES.WHILE ON SCE	10 UNIT 1 WAS TRAVE FOOD IN HIS LAP AND 1 CAME TO REST ON CTED BROKEN LEG. TI	LING N/B ON CTH FELT THE GRAVE THE WEST SIDE D HE OTHER PASSE	B NEAR L UNDE OITCH FA	CTH G. UNIT 1 DRIVE RNEATH HIS TIRES. D CING S/B ON CTH B. VAS ASSESSED BY EN	ER WAS NEGOTIATIN RIVER ATTEMPTED T DRIVER WAS TAKEN AS ON SCENE AND F	TO CORRE VIA PLAIN OUND TO F	CT STEERING BUT WAS EMS TO SAUK PRAIRIE HAVE NO	
Location								
ON CTHB SB 651 FT S				Latitude 43.25073	1225	Longitu -90.10	ude 1774182	
OF BINDL RD	D ODEEK			X Coordina	_	Y Coor		
IN THE TOWN OF BEA	K CREEK			248202.23		47933		
Structure Type								

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Cra	sh Scene 💻									
First	First Harmful Event					First Harmful Event Location				
	DITCH				ROADSIDE					
	ner of Collision				Light Condition					
		CLE IN TRANSPORT			DAYLIG					
Roa	d Surface Condition(s)				Roadway	Factor(s)				
DR	1									
Envi	ronment Factor(s)									
NOI	NE				NONE					
Wea	ther Condition(s)				7					
CLC	OUDY, RAIN									
Anim	nal Type				Relation T	o Trafficw	ay			
					TRAFFIC	CWAY - 0	ON ROAD			
Cras	h Classification - Locatio	n			Crash Cla	ssification	- Jurisdiction			
	BLIC PROPERTY				NO SPE	CIAL JU	RISDICTION			
Triba	al Land				Access Control Special Study					
					NO CON	ITROL				
	in Interchange Area	Junction Location		Intersectio						
NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
	t Summary 💻									
	Status		•	Vehicle Operating As Classification		1	Unit Type			
	RANSIT		D CLASS				AUTOMOBILE			
	cle Type	N =					Operating As Endorsements			
	ORT) UTILITY VEHIC	Train/Bus # Recorded	Total # Cita	TT 1 1 1 O 2 C T T T T T T T T T T T T T T T T T T		Total Tr	otal Trailers Tota		al HazMat Types	
2	TOCCS	Traili/Dus # Necolueu	2	Total # Citations Issued		0 0			* *	
	rance?	Direction Of Travel							Total Lanes	
YES NORTHBOUND			✓ Pre	Pre CrashTire Mark		55	2			
	t Harmful Event: Collision	With		Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
DIT	CH ic Way						Traffic Control Inoperative/Missing			
	•	n	Traffic Control NO CONTROL		NO		auve/iviissing			
	D-WAY, NOT DIVIDE	υ 		Road Curvature			Road Grade			
	ACKTOP (BITUMINO)	US)	CURVE LEFT			LEVEL				
	k Bus or HazMat	,								
NO										
	Vehicle									
	License Plate Number			Plate Type		St	Country of Issuance			
	KS8384			LTK - LIGHT TRUCK		WI	UNITED S	TATES		
_	Vehicle Identification No		Make			Year	Model SILVERADO			
5	1GCEK19T44Z2658	47		CHEVROLET		2004				
	Color GRN - GREEN		1 -	Body Style			Bus Use NOT A BUS			
111			PK - PICKUP Vehicle Damage			1				
Ä	Initial Contact Point NON-COLLISION			Volition Dalitage						
¥	Extent Of Damage		1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT,							
画	Initial Contact Point NON-COLLISION Extent Of Damage DISABLING DAMAGE Vehicle Damage 1RIGHT FRON UNDERCARRIA									
Towed Due To Damage Vehicle Removed B					у					
TOWED DUE TO DISABLING DAMAGE										
What Driver Was Doing Vehicle Factor					rs					
NEGOTIATING CURVE				ADDI ICADI E						
	Driver Prior Action Other NOT				OT APPLICABLE					

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LIND	VEHICLE	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, OVER-CORRECTING/OVER-STEERING									
5	01	Owner Name KAREN L ROWIN (608) 647-0209		Owner Address 24770 FAIRGROUND RD RICHLAND CENTER, WI 53581, US							
		Sequence Of Events									
	01	Event LEFT TURN									
	05	Event CROSS CENTERLINE									
	03	Event RUN OFF ROADWAY LEFT									
	04	Event DITCH									
۱	i	Policy Holder									
LIND		Insurance Company FARMERS-CASUALTY-CO-(MUTU	JAL)	Individual KAREN ROWIN							
	i	ndividual									
		Driver SKYLER KEVIN GULSRUD		Citations Issued	Sex						
	AL	SKILER REVIN GULSRUD		2 Date of Birth	MALE Race						
H	DO			Date of Birth	WHITE						
	INDIVIDUAL	Address		Driver License Number							
	Z	24770 FAIRGROUND RD RICHLAND CENTER, WI 53581, I	JS	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Saf	On Duty Crash ety Equipment		Safety Equipment							
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIV	/ER/MOTORCY	NONE USED - VEHICLE OCCUPANT	Г						
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
5	904	Injury Severity		Airbag							
٥	ŏ	Injury SUSPECTED M	INOR INJURY	NON DEPLOYED	Transport/Fythioptod						
			-aւո ECTED/NOT APPLI	CABLE	Trapped/Extricated NOT TRAPPED						
		Medical Transport		EMS Agency Identifier	EMS Run #						
	EMS GROUND Hospital SAUK PRAIRIE HOSP			6001155							
				Date of Death	Time of Death						
	Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)										
		Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)									
		Non Motorist Striking Unit #	Location								
		Prior Action									

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							• •				
		Action									
	_										
	INDIVIDUAL										
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LINO											
⋾	2										
	₽∣										
	Z										
		Action Other					To/From School				
		Action Strict					10/1101110011001				
	,	Suspected	d Alcohol Use	Suspected Drug Use							
	L	Drug & Alcohol No		NO							
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results					
			7 HOOMEN TOOK TYPE			7 HOOTION TOOL PROGUILE					
		TEST NOT GIVEN									
		Drug Test Given	Drug Test Type		Drug Test Results						
		TEŠT NOT GIVEN									
	_	Drug Type	_								
5	001	Blug Type									
	0										
		Individual Condition									
		APPEARED NORMAL									
	i	ndividual									
				Louis		I a					
		Passenger		Citations Issued		Sex					
	_	BROOKLYN M CARTER-GI	ULSRUD	0		FEMALE					
	⋖			Date of Birth		Race					
_	INDIVIDUAL					WHITE					
LINO	Ħ	A 11		D: 1: N 1							
5	\leq	Address	Driver License Number								
_	爿	24770 FAIRGROUND RD	NE04 LIC								
	Z RICHLAND CENTER, WI 53581 , US										
	Į.	On Duty Crash Safety Equipment									
	Saf	Safety Equipment									
	ou,										
		Seat Position		CHILD RESTRAINT	SYSTEM - FORV	VARD FACING					
		5SECOND SEAT-MIDDLE									
		Helmet Use		Helmet Compliance							
		Tiennet Ose		rieimet compliance							
		Eye Protection		Tint Compliance							
	ر ا	Injury Sev	rerity	Airbag							
2	005	Injury NO APP	ADENT IN HIDV	NON DEPLOYED							
		J- J NO AFF.	ARENT INJURT	NON DEFECTED		I = 1/E					
			ejection Path			Trapped/Extricated					
		NOT EJECTED N	NOT EJECTED/NOT APPL	ICABLE		NOT TRAPPED					
		Medical Transport		EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED									
				5 . (5 .)		T (D (
		Hospital		Date of Death		Time of Death					
		Distracted By Source									
		Distracted By									
	Districted Dy Astica										
		Distracted By Action									
		Striking U	nit # Location								
		Non Motorist									
		Prior Action									
		i noi nouon									

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Crash Date 09/08/2019

Crash Time 06:10 PM

		Action								
	٩L									
⊢	INDIVIDUAL									
UNIT	N N									
ر	₫									
	Z									
		Action Other						To/From School		
Suspected Alcohol Use Suspected Drug Use										
	Drug & Alcohol NO NO									
							Alcohol Test Results			
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
01	002	Drug Type								
0	0									
		Individual Condition								
		APPEARED NORMAL								
	1	Violations								
	_	UTC Number	Issue To?	Statute Number 347.48(4)(am)	Description	ETY RESTRAIN	T - CHILD UNDER 4 \	/EARS OF AGE		
	01	BB958202	001			LITRESTRAIN	II - CITIED UNDER 4	ILANG OF AGE		
	02	UTC Number BB958203	Issue To? 001	Statute Number 347.48(2m)(b)	Description VEHICLE OPERATO	R FAIL/WEAR S	SEAT BELT			
	0	DD930203	001	•(=)(6)						