

6TL092T5NS

19-12111

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL092T5NS

|   |  |                                       |  |  |  |
|---|--|---------------------------------------|--|--|--|
| Document Number Override                                |  | Primary Crash Document #              | Agency Crash Number<br><b>19-12111</b> | Investigating Officer/Deputy<br><b>DEPUTY J. KIRKENG</b> |  |
| Crash Date<br><b>09/28/2019</b>                         |  | Crash Time<br><b>07:15 PM</b>         | Date Arrived<br><b>09/28/2019</b>      | Time Arrived<br><b>07:54 PM</b>                          |  |
| Date Notified<br><b>09/28/2019</b>                      |  | Time Notified<br><b>07:30 PM</b>      | Total Units<br><b>01</b>               | Total Injured<br><b>00</b>                               | Total Killed<br><b>00</b>                    |
| <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 checked="" type="checkbox"/> Government Property | <input type="checkbox"/> Active School Zone  | School Bus Related<br><b>NO</b>       |  | Tags   |  |
| <input checked="" type="checkbox"/> Reportable          | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                       | <input type="checkbox"/> Amended       | <input type="checkbox"/> Secondary Crash                 |  |

## Description

|         |   |
|---------|---|
| Diagram | Reconstruction By                             |
|         | Photos By<br><b>KIRKENG</b>                   |
|         | Additional Information<br><b>NONE, PHOTOS</b> |

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

UNIT 1 WAS TRAVELING S/B ON CTH C. THE OPERATOR OF UNIT 1 STATED HE SWERVED TO MISS DEER THAT WERE IN THE ROADWAY. UNIT 1 LEFT THE ROAD COLLIDING WITH A POWER POLE. THE OPERATOR OF UNIT 1 WAS LATER ARRESTED FOR OWI FIRST OFFENSE.

## Location

|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| <b>ON CTHC SB<br/>669 FT E<br/>OF HEMLOCK RD<br/>IN THE TOWN OF HONEY CREEK<br/>IN SAUK COUNTY</b> | Latitude<br><b>43.337057394</b>       | Longitude<br><b>-89.944493444</b> |
|  | X Coordinate<br><b>261308.96875</b>   | Y Coordinate<br><b>4802456.5</b>  |
|  | Structure Type<br><b>NO STRUCTURE</b> |                                   |

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## Crash Scene

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

## Unit Summary

|                |   |  |   |                            |  |  |
|----------------|---|--|---|----------------------------|--|--|
| <b>UNIT 01</b> | Unit Status<br><b>IN TRANSIT</b>                          |  | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|                | Vehicle Type<br><b>PASSENGER CAR</b>                      |  |   |                            | Operating As Endorsements                            |  |
|                | Total Occs<br><b>1</b>                                    | Train/Bus # Recorded                     | Total # Citations Issued<br><b>2</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|                | Insurance?<br><b>YES</b>                                  | Direction Of Travel<br><b>SOUTHBOUND</b> | <input type="checkbox"/> Pre Crash Tire Mark          | Speed Limit<br><b>55</b>   | Total Lanes<br><b>2</b>                              |  |
|                | Most Harmful Event: Collision With<br><b>UTILITY POLE</b> |  | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|                | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                |  | Traffic Control<br><b>NO CONTROL</b>                  |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|                | Surface Type<br><b>CONCRETE</b>                           |  | Road Curvature<br><b>STRAIGHT</b>                     |                            | Road Grade<br><b>LEVEL</b>                           |  |
|                | Truck Bus or HazMat<br><b>NO</b>                          |  |   |                            |  |  |

## Vehicle

|                        |   |  |  |                     |   |  |
|------------------------|---|--|--|---------------------|---|--|
| <b>UNIT 01 VEHICLE</b> | License Plate Number<br><b>AFG7629</b>                      |  | Plate Type<br><b>AUT - AUTOMOBILE</b>        | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |  |
|                        | Vehicle Identification Number<br><b>2G1WH52K149190023</b>   |  | Make<br><b>CHEVROLET</b>                     | Year<br><b>2004</b> | Model<br><b>IMPALA LS</b>                   |  |
|                        | Color<br><b>SIL - SILVER (ALUMINUM)</b>                     |  | Body Style<br><b>4D - 4DR</b>                |                     | Bus Use<br><b>NOT A BUS</b>                 |  |
|                        | Initial Contact Point<br><b>3--RIGHT SIDE MIDDLE</b>        |  | Vehicle Damage                               |                     |   |  |
|                        | Extent Of Damage<br><b>DISABLING DAMAGE</b>                 |  | <b>ALL AREAS</b>                             |                     |   |  |
|                        | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b> |  | Vehicle Removed By<br><b>EVERETTS TOWING</b> |                     |   |  |
|                        | What Driver Was Doing<br><b>GOING STRAIGHT</b>              |  | Vehicle Factors                              |                     |   |  |
|                        | Driver Prior Action Other                                   |  | <b>NOT APPLICABLE</b>                        |                     |   |  |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|   |                       |  |   |   |  |
|---|-----------------------|--|---|---|--|
| UNIT  | VEHICLE               | Driver Actions<br><b>FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE, SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC., OVER-CORRECTING/OVER-STEERING</b> |   |   |  |
|   |                       | 01   | 01  | Owner Name<br><b>JACOB W FEIGL<br/>(608) 434-2511</b> |  |
|   |                       |  | Owner Address<br><b>E7168 IRISH VALLEY RD<br/>PLAIN, WI 53577 , US</b>  |   |  |
| <b>Sequence Of Events</b>                   |                       |  |   |   |  |
|   | 01                    | Event<br><b>RUN OFF ROADWAY RIGHT</b>  |   |   |  |
|   | 02                    | Event<br><b>DITCH</b>  |   |   |  |
|   | 03                    | Event<br><b>UTILITY POLE</b>   |   |   |  |
|   | 04                    | Event  |   |   |  |
| UNIT  | POLICY HOLDER         | Insurance Company<br><b>PROGRESSIVE-CLASSIC-INS-CO</b>   |   |   |  |
|   |                       | Individual<br><b>JACOB FEIGL</b>   |   |   |  |
| UNIT  | INDIVIDUAL            | <b>Individual</b>  |   |   |  |
|   |                       | Driver<br><b>JACOB W FEIGL<br/>(608) 434-2511</b>  | Citations Issued<br><b>2</b>  | Sex<br><b>MALE</b>                                    |  |
|   |                       |  | Date of Birth   | Race<br><b>WHITE</b>                                  |  |
|   |                       | Address<br><b>E7168 IRISH VALLEY RD<br/>PLAIN, WI 53577 , US</b>   | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |   |  |
| UNIT  | SAFETY EQUIPMENT      | On Duty Crash  | Safety Equipment  |   |  |
|   |                       | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>  | <b>SHOULDER &amp; LAP BELT</b>  |   |  |
|   |                       | Helmet Use   | Helmet Compliance   |   |  |
|   |                       | Eye Protection   | Tint Compliance   |   |  |
|   |                       | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Airbag<br><b>DEPLOYED-COMBINATION</b>                 |  |
|   |                       | Ejected<br><b>NOT EJECTED</b>  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                      | Trapped/Extricated<br><b>NOT TRAPPED</b>              |  |
| Medical Transport<br><b>NOT TRANSPORTED</b> | EMS Agency Identifier | EMS Run #  |   |   |  |
| Hospital                                    | Date of Death         | Time of Death  |   |   |  |
| UNIT  | NON-MOTORIST          | <b>Distracted By</b> Distracted By Source<br><b>UNKNOWN</b>  |   |   |  |
|   |                       | Distracted By Action<br><b>UNKNOWN</b>   |   |   |  |
|   |                       | Striking Unit #  | Location  |   |  |
|   |                       | Prior Action   |   |   |  |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|             |                   |              |  |           |                                     |  |                                       |   |
|-------------|-------------------|--------------|--|-----------|-------------------------------------|--|---------------------------------------|---|
| <b>UNIT</b> | <b>INDIVIDUAL</b> | Action       |  |           |                                     |  |                                       |   |
|             |                   | Action Other |  |           | To/From School                      |  |                                       |   |
|             | <b>01</b>         | <b>001</b>   | <b>Drug &amp; Alcohol</b>  |           | Suspected Alcohol Use<br><b>YES</b> | Suspected Drug Use<br><b>NO</b>        |                                       |   |
|             |                   |              | Alcohol Test Given<br><b>TEST GIVEN</b>  |           | Alcohol Test Type<br><b>BLOOD</b>   | Alcohol Test Results<br><b>PENDING</b> |                                       |   |
|             |                   |              | Drug Test Given<br><b>TEST NOT GIVEN</b>   |           | Drug Test Type                      | Drug Test Results                      |                                       |   |
|             |                   |              | Drug Type  |           |                                     |  |                                       |   |
|             |                   |              | Individual Condition<br><br><b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b> |           |                                     |  |                                       |   |
|             |                   |              | <b>Violations</b>  |           |                                     |  |                                       |   |
|             |                   |              | <b>01</b>  | <b>01</b> | UTC Number<br><b>AD978367</b>       | Issue To?<br><b>001</b>                | Statute Number<br><b>346.63(1)(a)</b> | Description<br><b>OPERATING WHILE UNDER THE INFLUENCE</b>   |
|             |                   |              |  |           | UTC Number<br><b>AD978368</b>       | Issue To?<br><b>001</b>                | Statute Number<br><b>346.57(2)</b>    | Description<br><b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b> |

**Property Owner**

|                   |           |   |  |
|-------------------|-----------|---|--|
| <b>PROP OWNER</b> | <b>01</b> | Organization/Company<br><b>ALLIANT ENERGY</b> | Address<br><b>4902 N BILTMORE<br/>MADISON, WI 53707 1077, US</b> |
|-------------------|-----------|---|--|

**Fixed Objects Struck**

|           |                            |                                      |                  |                                  |
|-----------|----------------------------|--------------------------------------|------------------|----------------------------------|
| <b>01</b> | Striking Unit<br><b>01</b> | Struck Object<br><b>UTILITY POLE</b> | Structure Number | Damage Tag Number<br><b>0000</b> |
|-----------|----------------------------|--------------------------------------|------------------|----------------------------------|

**Property Owner**

|                   |           |  |  |
|-------------------|-----------|--|--|
| <b>PROP OWNER</b> | <b>02</b> | Government<br><b>SAUK COUNTY HWY DEPT<br/>(608) 356-3855</b> | Address<br><b>620 STH 136<br/>PO BOX 26<br/>BARABOO, WI 53913 , US</b> |
|-------------------|-----------|--|--|

**Fixed Objects Struck**

|           |                            |                               |                  |                                  |
|-----------|----------------------------|-------------------------------|------------------|----------------------------------|
| <b>02</b> | Striking Unit<br><b>01</b> | Struck Object<br><b>DITCH</b> | Structure Number | Damage Tag Number<br><b>0000</b> |
|-----------|----------------------------|-------------------------------|------------------|----------------------------------|