Wisconsin Motor Vehicle Crash Report

| | Document Number C | sh Document # Agency Crash Number 19-12364 | | | DEPUTY J. MACASKILL | | | | | | | | | | |
|------|--|--|--|------------------------------|---------------------|---|------------|-----------------------------|--|--|----------------------|----------------|---------------------|------------------|--|
| ၈ | Crash Dale Crash Time | | | 1 | | Date Arrived | | | Time Arrived | | | | | | |
| 9 | | | 12:20 AM | | | 10/05/2019 | | | 12:41 AM | | Total Killed | | | | |
| 1G | | | Time Notifie | ime Notified 2:24 AM | | Total Units 01 | | | | Total Injured 01 | 00 | ii villed | | | |
| -0B | On Emergency Hit and Run | | | Lane | Closu | | 1 | ₩ork Zone | | Trailer or Towed | | <u>)</u> | Reportir Thresho | lg: Id | |
| 6TL | Government Active School Zone | | | | | School Bus Related NO | | | | Tags | | | | | |
| | Reportable | | RASH | ASH) | | | | Amended Secondary Crash | | | | ry | | | |
| ļ | Location 🛌 | n) is think the sales and the | gang pangalatan | ayyan kirin balgarah qadi. | anio este | (Michigaloresio | (0,900 st. | an siggarak di kabupat L | ing a factor of the second of the second | 0.000 (0. | 1004 1005 1005 | Problem (V) | | | |
| | ON USH12 EB 0.43 MI E | | | | | Latitude Longitude 43.34997257 -89.7592 | | | Lat/LongSource 488 TLT/ILT | | Access Control | | | | |
| | OF OLD BLUFF T | | | | <u> </u> | X Coordinate Y Coordinate | | | 11/3. 11/12 Managery | | | dway Li | nk Offset | | |
| | IN THE TOWN OF IN SAUK COUNT | | | | 276 | 373.718 | 7 | 4803377. | .5 5320147 | | | 5834 | | | |
| | | | | | | erride | | Tribal Land | | | ļ | Structur | е Туре | | |
| ġ | Crash Scene | i kandaa ass | | | | consideration of | | | agsikasi kasi diseri w | 2.00 200 | a da a | in alogo and a | Markadan b | enalliki sibeli. | |
| | First Harmful Event GUARDRAIL EN | n | | | l | Harmful ROADV | | nt Location • | | elme" | | | | | |
| | Manner of Collision | <u> </u> | | | 1 | Condition | | All All Andrews | | | | | | | |
| | NO COLLISION V | | IN TRANSP | ORT | 1 | RK/UNL | | 7.4. | | | | | | | |
| | Road Surface Condi | ition(s) | | | Envi | ronment | Fact | or(s) | | | | | · | | |
| | DRY | DRY | | | | | NONE | | | | | | | | |
| | Roadway Factor(s) | | | | | Weather Condition(s) | | | | | | | | | |
| | NONE | | | | CLEAR | | | | | | | | | | |
| | Animal Type | | | | | Relation To Trafficway TRAFFICWAY - ON ROAD | | | | | | | | | |
| | Crash Classification | - Location | | , 2297 - 7, 24, | | | | on - Jurisdict | | | | | | | |
| | PUBLIC PROPERTY | | | | | NO SPECIAL JURISDICTION | | | | | | | | | |
| | Tribal Land | | | | | ss Contr CONTF | | | Speci | al Study | | | | | |
| | Within Interchange A | I . | nction Location | NC NC | if. | | | rsection Type T AN INTE | | N · | | | | | |
| | Work Zone Crash Lo | | | | | k Zone C | | •• | | | | | | | |
| | ACTIVITY AREA Workers Present | | | - 19 | | IE CLO Enforcer | | ≺∟ Present | | | | | | | |
| | NO | Ì | | | NO | | | | | | | | | | |
| | Work Zone Speed L 45 | imit | ĝ H | Advisory/Regula REGULATOR | | peed Lim | it | | Normal Po | osted Speed Limit | | | | | |
| | Unit Summary | | ing equal per verse. | | :0:550 | i se e made in m | | | a.y | | | | | | |
| | Unit Status IN TRANSIT | 2007 2007 2007 2007 2007 2007 2007 2007 | 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | Vehicle Operatin D CLASS | ıg Aş (| Classifica | tion | | Unit Type AUTOM | | | | | | |
| 7 | Vehicle Type PASSENGER CA | NR | <u> </u> | | | | | | Operating | As Endorsements | | | | | |
| _ | Total Occs Train/Bus # Recorded | | | Total # Citations 1 | Issue | d | | Total Trailer | rs Total HazMat Types | | | | | | |
| Ħ | Insurance? Direction Of Travel Pre Cra YES SOUTHBOUND Ma | | | | shTire Speed Limi | | | it Total Lanes | | | | | | | |
| UNIT | Most Harmful Event | : Collision With | | Special Function | | CTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | | | | | | |
| | Traffic Way Traffic Control | | | Traffic Control NO CONTRO | | | | | Traffic Control Inoperative/Missing | | | | | | |
| | Surface Type | | | | | | Road Grade | | | | | | | | |

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| | | | | | | | | | 7. | ena. A We | <u> </u> | |
| | BLA | CKTOP (BITUMIN | OUS) | CURVE RIGHT | · | | LEVEL | | 79 | | | |
| 5 | Truc NO | k Bus or HazMat | | | | | | | 00000000 N.N. | werd. | <u>.</u> 19. | |
| | NU | Role | | | Citations Issued | T | Hea | Driver | Individual | Type | | |
| _ | | DRIVER | | | 1 . | | Ado | iress | INDIVID | | | |
| 2 | 2 | Last Name | | | First Name | | | g (alt) | Middle Ini | tiai | Suffix | |
| | | HUGHBANKS | | | JOHN Street Address 2 | • | | | R PO Box | | | |
| | | Street Address 1013 FRANKLIN ST | | | | • | | · | PO BOX | | | |
| | رد | City | | | State | Zip (| | | Country o | | | |
| 느 | S, | SAUK CITY | I cour | Race | WI Hair | 535 Eyes | | ight · | UNITED Weight | | Number | |
| ZIND | 3 | DOB | | W | BROWN | HAZEL | 50 | | 165 | | 393-3279 EXT. | |
| | INDIVIDUAL | Driver's License Number | | | | | | - Jursidiction | | Country of Issuance | | |
| | | | | | WI STATE UNITED License Status DL Expire | | | | | STATES | | |
| | | License Type NON-CDL DRIVER'S LICENSE | | | VALID LICENSE 2020 | | | | | | | |
| | | Equipment | Safety Equipment | | | | | | | | | |
| | | Seat Position | SHOULDER & LAP BELT | | | | | | | | | |
| | | 1FRONT SEAT- | N . | | | | | | | | | |
| | 9 | Helmet Use | | | Helmet Compliance | | | | | | | |
| : | | Eye Protection | | | Tint Compliance | | | | | | | |
| | | Eye Florection | | | | | | | | | | |
| | 21-00/2 21-00/2 | Injury Severity POSSIBLE INJURY | | | Airbag NON DEPLOYED | | | | | | | |
| | 7 | POSSIBLE INJURY Ejected | | | Ejection Path | | | Trapped/Ex | dricated | | | |
| ╘ | 3 | NOT EJECTED | | | NOT EJECTED/NOT APPLICA NO | | | | NOT TRAPPED | | | |
| LNO | INDIVIDUAL | MedicalTransport | | | EMS Agency Ide | EMS Run | | # | | | | |
| | Z | NOT TRANSPORTED Hospital | | | Date of Death | | Time of De | | eath | | | |
| | | | | | 50.000 | | | | | | | |
| | | Non Motorist | Striking Unit # | | Location To/From | | | To/FromSo | omSchool | | | |
| | | Prior Action | | | Action | | | | *************************************** | | | |
| | • | FIIOI ACUOII | | | | | | | | | | |
| | Σ. | Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROO | | | | | | | | | | |
| | | | | | Action Other | | | | | | | |
| | | | | | | | | | | | | |
| | | Drug & Alcoh | Individual Con | | | | | | | | | |
| | | Suspected Alcohol U | 7,11 | HORMAL | Suspected Drug | Use | | | | | aruma - , | |
| | NO | | | | | NO . | | | | | | |
| | | Alcohol Test Given TEST NOT GIVE | <u>-</u> | Alcohol Test Type | | | | | Alcohol T | est Resu | alts | |
| | | Drug Test Given | | ··· | | | Drug Tes | t Results | ··· | | | |

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| LNO | INDIVIDUAL | | | | | | | | | | |
|--|------------|---|--|-----------------------------|-------|--|--------------------------|---------------------------------------|----------|--|--|
| 0.000 | Z | TEST NOT GIVEN | | | | | | • | | | |
| | | Drug Type | • | | | | | | | | |
| 1200 | | License Plate Number | | | Plate | | St | Country of Issuance | ٦ | | |
| | | 517LPG | | -man | AUT | - AUTOMOBILE | WI | UNITED STATES | 4 | | |
| 2002000 | | Vehicle Identification N 1FMCU9JD8HUC87 | | | | | Year 2017 | FORD | - | | |
| i i | | Model Model | | | | Style | 12011 | Color | ㅓ | | |
| | | ESCAPE | | | | SPORT UTILITY VE | HICLE | BLU-BLUE | | | |
| | | Initial Contact Point | | | | le Damage | 123 | | - | | |
| | | 12FRONT | | | | GHT FRONT CORN | ER, 2RIGI | HT SIDE FRONT, 3-RIGHT SIDE MIDDLE, 4 | | | |
| 5 | 2 | Extent Of Damage DISABLING DAMAGE | | | | HT SIDE REAR, 5R | IGHI REAN | R CÖRNER, 12FRONT | | | |
| e company | | Towed Due To Damage | | | | le Factors | | | ٦ | | |
| and the same of th | | TOWED DUE TO DISABLING DAMAGE | | | | APPLICABLE | NA A | | | | |
| | | Vehicle Removed By EVERETTS TOWING | | | | | | | | | |
| | | What Driver Was Doing | | | | r Prior Action Other | | Bus Use NOT A BUS | | | |
| | Ш | NEGOTIATING CURVE | | | | | | | | | |
| LIND | VEHICLE | Driver Actions FAILURE TO CONTROL | | | | | | | | | |
| e in the second | | ✓ Vehicle Owner Same As Operator ✓ Use Operator Address | | | | | | | | | |
| and dependent of the | | Organization Type | | Company Name | в 19 | , A | -, | | ٦ | | |
| - | | INDIVIDUAL Last Name | First Name | V K z Mai, 23 | | Middle | Suffix Date of Birth | \dashv | | | |
| graph (c) | | HUGHBANKS | JOHN | | | ₹ | | | | | |
| d Broken | | Street Address Street Address | | | 2 | F | PO Box | | | | |
| | | 1013 FRANKLIN S | Γ ÷ | Şt Zip Co | vie | | Country of Res | sidence | \dashv | | |
| | | SAUK CITY St Zip Co | | | | | UNITED STA | | | | |
| | | Telephone Number | | | | | | | | | |
| | | (608) 393-3279 EXT. | | | | | | | | | |
| | 2 | DITCH . | | | | | | | | | |
| | 02 | Event GUARDRAIL END | | | | | | | | | |
| | 03 | Event DITCH | 1. 54 1. 13 1. 13 1. 14 1. 14 1. 14 1. 14 1. 14 | | | | | | _ | | |
| | 2 | Event | | | 1. | · | | | | | |
| إ ع | 5 | UTC Number AE140521 | Issue To? 001 | Statute Number 346.57(2) | FA | scription AILURE TO KEEP VI | EHICLE UN | IDER CONTROL | _ | | |
| اط | 2 | Insurance Company HARTFORD-CASUALTY-INS-CO | | | | Policy Holder Same As Owner | ☑ Poli | icy Holder Same As Driver | | | |
| LIND | JER JER | Corganization Type Last Name HUGHBANKS | | | F | First Name JOHN | | Company | | | |
| ī | Pro | operty Owner | | | | Magazian Magazia di Para di Para di Para | ald for a garden for the | | ; | | |

Wisconsin Motor Vehicle **Crash Report**

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

| | · | | | | | (000) 000 1001 |
|---|--|--|---|--|-------------------------------|--|
| SAUK COUNTY (608) 356-3855 | HWY DEPT | | 620 STH 136 PO BOX 26 BARABOO, WI 53913 , U | JS | | |
| Fixed Objects Striking Unit | Struck Struck Object | | | Structu | re Number | Damage Tag Number |
| 5 01 | GUARDRAIL END | | | | | 337776 |
| Description E | | | | | | 0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 |
| Diagram | | | | | Reconstruction | on By |
| \$ | | | | | Photos By | |
| | \triangle | | | | | ostop Octo |
| | | | | | 11 (17) 11 (17) 11 (17) | |
| | | A | | | Additional Inf NONE | ormation |
| Unit 1 | | Unit 1 | A | | | |
| | A L | | | | | |
| U | SH 12 | | Unit 1 | | | |
| | | <u>A</u> | | nit 1 | | |
| Not Drawr | to Scale | Δ | <u> </u> | Unit 1 | | |
| NEGOTIATING A F FLOOR OF HIS CA GUARD RAIL, UNI | RIGHT HAND CURVE IN A | CONSTRUCTION A | OUTHBOUND ON USH 12 NEA 2ONE. OPERATOR OF UNIT 1 WAS PULLED INTO THE DITO FFIC LANE AND CROSSED OV | STATED HE WAS REA CH. UNIT 1 THEN CRO | CHING FOR A SSED THE MI | AN OBJECT ON THE EDIAN AND STRUCK A |
| Signature | The state of the s | and the second s | paragraphic and an extra control of the control of | y may need a need and a second a | - | |
| ☑ I, a sworn la | w enforcement office | , agree that I hav | e not added any CJIS data | a in this report. | | |
| Law Enforcen | nent Agency | · · · · · · · · · · · · · · · · · · · | gantik adamatah pendengan pendagan kanalah pendagan berahan berahan berahan berahan berahan berahan berahan be | e sagander a son a los alles de la companya de la c | engan e parejeden | |
| Agency Space | | • | - 5.00 | | | |
| Officer Rank | Officer Last Name | Officer | First Name Of | ficer Middle Name | Suffix | · · · · · · · · · · · · · · · · · · · |
| DEP | MACASKILL | | THON R | | | · · · · · · · · · · · · · · · · · · · |
| DOT Officer ID 9176 | | DNR Officer ID | | ficer Badge Number 176 | | |
| Officer EMail | | | | | | |

Law Enforcement Agency Jurisdiction

Law Enforcement Agency type

Wisconsin Motor Vehicle Crash Report

| SAU | < | | С | OUNTY SHERIFF | | |
|--|--|---|------------------------------|-------------------------|--|--|
| Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTI | TAS Agency Name SAUK COUNTY SHERIFF Law Enforcement Agency Street Address2 | | | | | |
| Law Enforcement Agency Street Address 1300 LANGE COURT | | | | | | |
| Law Enforcement Agency City BARABOO | LEA State WI | 3 | Law Enforcement Age 53913 | | | |
| Law Enforcement Agency Phone Number (608) 356-4895 EXT. | ORI Number WI0570000 | | BFUNC Agency 5600 | TraCS Agency Number 205 | | |

