6TL09426T0

19-12533

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	19-12533 ash Date Crash Time Date Arrive				Investigating Officer/Deputy DEPUTY A. KULAS			
Crash Date 10/08/2019					d			
Date Notified 10/08/2019	Time Notified 04:31 AM	Total Units	Total Units		Total Injured Total Killed			
☐On Emergency ☐ Hit	and Run		rk Zone	☐ Trailer o	or Towed	Reporting Threshold		
Government Property	Active School Zone	School Bus Relat	ed	Tags				
Reportable	Crash Type DT4000 (STANDARD CRAS	l .		Amende	ed	Secondary Crash		
Description						1		
Diagram					Reconstruction	Ву		
1								
				-	Photos By			
*								
NOT TO S								
					Additional Infor NONE	rmation		
		CTH B						
[STOP						
	'							
WIII OON								
WILSON CREEK RD								
	I.							
I, a sworn law enforcement					NITEDSECTION	LUNIT 1 CDOSSED		
COUNTY HY B AFTER NOT STOP						A. GIVIT I GROSSED		
Location ———								
ON CTHB NB			Latitude		Longitue			
OF WILSON CREEK RD IN THE TOWN OF FRANKLIN			43.2716054 X Coordinate		Y Coord			
IN SAUK COUNTY			254944.6718 Structure Type	75	479540	05.5		
			NO STRUCT	JRE				

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Crash Scene

1	First Harmful Event				First Harmful Event Location						
	DIT	ГСН				ON ROADWAY					
	Manı	nner of Collision				Light Condition					
	NO	COLLISION W/VEHICLE IN TRANSPORT				DARK/UNLIT					
	Road	ad Surface Condition(s)				Roadway Factor(s)					
	DRY										
	Envi	nvironment Factor(s)									
	NON	NE				NONE					
	Wea	ther Condition(s)									
	FOG	· ·									
		nal Type									
	AIIIII	ан туре						elation To Trafficway RAFFICWAY - ON ROAD			
	Cras	h Classification - Location				Crash Clas	ssification -	- Jurisdiction			
	PUE	BLIC PROPERTY				NO SPE	CIAL JUF	RISDICTION			
	Triba	al Land				Access Co				Special Study	
						NO CON	TROL				
	Withi	ŭ	Junction Location INTERSECTION		Intersectio	n Type SECTION					
			INTERSECTION		I-INIEK	SECTION					
		t Summary Status		Vehicle Ope	roting As C	loogification		10.5 =			
		RANSIT		D CLASS	raung AS C	iassilication		Unit Type AUTOMOBILE			
		cle Type		D OLAGO				Operating As Endorsements			
6		SENGER CAR									
	Total	Occs	Train/Bus # Recorded	Total # Citat	Total # Citations Issued Total Trail		ailers Total HazMat Types		Mat Types		
	2				0						
	Insurance? Direction Of Travel			Fie Clasiffie		Speed Lii			es		
UNIT	UNKNOWN NORTHBOUND			Special Function 45		45	2 Emergency Motor Vehicle Use		iala I laa		
5	DIT	: Harmful Event: Collision W	TILTI		NO SPECIAL FUNCTION		NOT APPLICABLE				
		ic Way		Traffic Cont	Traffic Control		Traffic Control Inoperative/Missing				
	TWC	D-WAY, NOT DIVIDED		STOP SIG	STOP SIGN		NO				
	Surfa	асе Туре		Road Curva	Road Curvature STRAIGHT			Road Grade LEVEL			
		CKTOP (BITUMINOUS)	STRAIGH							
		k Bus or HazMat									
	NO										
		Vehicle					0:	10			
		License Plate Number		Plate Type	AUT - AUTOMOBIL		St WI	Country of Is UNITED ST			
		739WBV Vehicle Identification Number		Make			Year	Model	IAIES		
5	01	2FMDK3KC5ABA9752	FORD				EDGE LIMIT				
		Color		Body Style	Body Style		Bus Use				
		BLK - BLACK			UT - SPORT UTILITY VEHICLE		NOT A BUS				
_	LE	Initial Contact Point	NED	Vehicle Da	mage						
LNO	VEHICL	11LEFT FRONT COF Extent Of Damage	KNEK	12EPON	12 EPONT						
⊃	戶	MINOR DAMAGE		12FRONT							
	_	Towed Due To Damage			Vehicle Removed By						
	TOWED DUE TO DISABLING DAMAGE What Driver Was Doing Vehicle Factors										
GOING STRAIGHT											
	Driver Prior Action Other NOT APPLICABLE										

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LIND	VEHICLE	Driver Actions SPEED TOO FAST/COND								
01	01	Owner Name GERALD GRENIE (716) 558-6229	R		Owner Address 206 MAIN ST MINONG, WI 54858 , US					
	,	Sequence Of Events								
	01	DITCH Event								
	02	Event								
	03	Event								
	04	Event								
		Individual								
		Driver ANNA MILLER (715) 558-5857		Citations Issued	Sex FEMALE					
⊨	IDUA			Date of Birth	Race WHITE					
LINO	INDIVIDUAL	Address 810 GREENHAVEN ST MINONG, WI 54859 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	On Duty Crash Safety Equipment				Safety Equipment					
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
7	001		Injury Severity NO APPARENT I	NJURY	Airbag NON DEPLOYED					
		Ejected	Ejection Pa	ath		Trapped/Extricated				
		NOT EJECTED Medical Transport	NOTEJE	CTED/NOT APPI	EMS Agency Identifier	NOT TRAPPED EMS Run #				
		NOT TRANSPORTED			7. (2. (
		Hospital			Date of Death	Time of Death				
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Striking Unit #	Location						
		Prior Action								

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							` ,		
		Action							
	INDIVIDUAL								
—	j								
UNIT	₽								
5	>								
_	$\overline{\Box}$								
	Z								
	=								
		Action Other					To/From School		
		Cuppost	ad Alashal I las	Cuspected Drug Hee					
		Suspected Alcohol Use Suspected Drug Use NO							
	L	orug & Alconol No		NO					
		Alcohol Test Given	Alcohol Test Type	.•		Alcohol Test Results			
		TEST NOT GIVEN							
		Drug Test Given	Drug Test Type		Drug Test Results				
		TEŠT NOT GIVEN							
		D #							
0	001	Drug Type							
9	Ö								
		Individual Condition							
		a.v.aaa. cenanen							
		APPEARED NORMAL							
		ALL EARLD NORMAL							
	- 1	ndividual							
	Ī	Passenger		Citations Issued		Sex			
		MILES HOOVER		Citations issued					
	_					MALE			
	⋖	(715) 558-5857		Date of Birth		Race			
	\supset					ASIAN			
UNIT	INDIVIDUAL								
=	2	Address		Driver License Number					
_		810 GREENHAVEN ST							
	=	MINONG, WI 54859, US							
		On Duty	Crash	Safety Equipment					
	Saf	ety Equipment							
		Seat Position		CHILD RESTRAINT	CVCTEM FORM	VADD EACING			
				CHILD RESTRAINT	SISIEWI-FURV	VARD FACING			
		6SECOND SEAT-RIGHT	SIDE						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
	\sim	Injury Se	averity	Airbag					
9	005	Injury							
_	0	NO AP	PARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path			Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APPL	ICABLE		NOT TRAPPED			
			NOT ESECTEDATE AT LE						
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
		-1]					
				l					
	Distracted By Source								
	Distracted By								
	Distracted By Action								
		Distracted by ACIION							
		Striking	Unit # Location						
		Non Motorist							
		Prior Action							

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Crash Date 10/08/2019

Crash Time 03:50 AM

							` '
		Action					
	٦						
١.	4						
I≡	۵						
LNO	>						
_	INDIVIDUAL						
	Z						
İ		Action Other					To/From School
İ		Suspected Alcohol	Use	Suspected Drug Use			1
		Drug & Alcohol NO		NO			
ŀ		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results] }	
		TEST NOT GIVEN					
	7	Drug Type					
6	002	2.ug .)po					
ł		Individual Condition					
		APPEARED NORMAL					