### 6TL09PBQCH

19-12876

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Docume	mary Crash Document # Agency Crash Nu 19-12876		mber Investigating Officer/Deputy DEPUTY B. STODDARD			
Crash Date	Crash Time	Date A			Time Arrived		
10/16/2019	08:00 AM	10/16	/2019	09:42 AM			
Date Notified	Time Notified	Total U	Jnits	Total Injured	Total Kille	d	
10/16/2019	09:33 AM	01	1	00	00		
	lit and Run	ane Closure	Work Zone		or Towed	Reporting Threshold	
Government Property	Active School Z	Zone NO	I Bus Related	Tags			
Reportable	Crash Type DT4000 (STANDAR	D CRASH)		Amend	ed	Secondary Crash	
<b>Description</b>							
Diagram					Reconstruction	Ву	
					Photos By		
					Additional Info	mation	
					NONE		
Non-reporta	ble.						
No damage.							
I, a sworn law enforcem						A 11/20TR 5:	
UNIT 1 WAS EASTBOUND ON VEHICLE AND TRAVELED INTO DAMAGE OBSERVED BY THIS	THE NORTH DITCH AND						
Location <b>——</b>							
ON CTHH EB			Latitude		Longitu		
746 FT W OF TESSERS RD			43.619468			9811192	
IN THE TOWN OF DELTON IN SAUK COUNTY			X Coordina <b>272479.68</b>	375	Y Coord 48334		
			Structure T	ype			

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#### **Crash Scene**

	First	Harmful Event		First Harmful Event Location							
	DIT	CH				SHOULDER LEFT					
	Manı	nner of Collision					Light Condition				
	NO	COLLISION W/VEHICLE IN TRANSPORT					DAYLIGHT				
	Road	d Surface Condition(s)			Roadway Factor(s)						
	DRY	<b>'</b>									
	Envi	ronment Factor(s)									
	NON	NE					NONE				
	Wea	ther Condition(s)									
	CLE	AR									
	Anim	nal Type					Relation To Trafficway				
						TRAFFICWAY - ON ROAD					
		h Classification - Location  BLIC PROPERTY				Crash Classification - Jurisdiction					
		al Land				NO SPECIAL JURISDICTION  Access Control			Special Study		
				NO CONTROL					Special Glady		
	With	in Interchange Area	Junction Location		Intersection						
	NO	!	NON-JUNCTION		NOT AN	INTERSE	CTION				
		t Summary 💳									
		Status		Vehicle Operating As Classification		Unit Type					
		N TRANSIT			D CLASS		AUTOMOBILE Operating As Endorsements				
01		cle Type SSENGER CAR						Operating A	S ETIUDISEI	nents	
		Occs	Train/Bus # Recorded	Total # Citations Issued Total Traile		ilers Total HazMat Types					
	1			0 0							
	Insurance? Direction Of Travel		Fie Clasiffie		Speed Lir			es			
UNIT	YES	i Harmful Event: Collision W	EASTBOUND	Mark 55 Special Function		Emergency Motor Vehicle Use					
Ś	DIT		NO SPECIAL FUNCTION		NOT APP						
					Traffic Control		Traffic Control Inoperative/Missing				
	TWC	D-WAY, NOT DIVIDED		NO CONTROL Road Curvature CURVE RIGHT				NO			
		ace Type					Road Grade				
		CKTOP (BITUMINOUS	)				LEVEL				
	Truc NO	k Bus or HazMat									
		Vehicle									
		License Plate Number		Plate Type	Type St Country of Issuance						
		AEZ8700			AUT - AUTOMOBILE		WI	UNITED ST			
_		Vehicle Identification Number			Make		Year	Model			
5	5				PONTIAC		2001	GRAND PRIX			
		Color			Body Style			Bus Use NOT A BUS			
	ш	MAR - MAROON (BURGUNDY)  Initial Contact Point			4D - 4DR  Vehicle Damage			INOT A BO			
⊨		12FRONT			NO DAMAGE						
LNO	Ĭ	12FRONT Extent Of Damage NO DAMAGE									
_	<b>M</b>	NO DAMAGE									
		Towed Due To Damage	Vehicle Removed By								
		TOWED BUT NOT DU	PLATTS WRECKER								
		What Driver Was Doing OVERTAKE LEFT		Vehicle Factors							
		Driver Prior Action Other	NOT APPLICABLE								
				-1							

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LIND	VEHICLE	Driver Actions RAN OFF ROADW	AY										
01	01	Owner Name GREGORY EDWAI (608) 415-8504	RD GUI	DZIUNAS		Owner Address E2490 OVERLO LA VALLE, WI 5							
	Š	Sequence Of Ev	ents/										
	01	Event											
	02	Event											
	03	Event											
	04	Event											
_	i	Policy Holder											
LNO		Insurance Company				Individual							
٦		WISCONSIN-MUTU	JAL-IN	s-co		GREGORY GUDZ	ZIUNAS						
	Į.	Individual											
		Driver GREGORY EDWARD GUDZIUNAS (608) 415-8504			Citations Issued		Sex						
	AL				Date of Birth		MALE Race						
_	DO				Date of Birtin		WHITE						
	Σ	Address			Driver License Number								
_	INDIVIDUAL	E2490 OVERLOOK CT LA VALLE, WI 53941 , US			STATE: WISCONSIN COUNTRY: UNITED STATES								
		On Duty Crash				Safety Equipment							
	Saf	fety Equipment											
		Seat Position			SHOULDER & LA	AP BELT							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use			Helmet Compliance								
		Fire Destruction											
		Eye Protection				Tint Compliance							
7	001	Injury	Injury Se	everity		Airbag							
٥	0		NO AP	PARENT	INJURY	NON DEPLOYED		I Town and I Tout also also					
		Ejected Ejection Path			DI ICARI E		Trapped/Extricated NOT TRAPPED						
		NOT EJECTED NOT EJECTED/NOT APP Medical Transport		EMS Agency Identifier		EMS Run #							
		NOT TRANSPORTED				-							
		Hospital		Date of Death		Time of Death							
	Distracted By Source												
	Distracted By Action UNKNOWN												
			Striking	Unit #	Location								
		Prior Action			1								

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		Action					
		Action					
	4						
_	<b>^</b>						
Ę	₽						
UNIT	≥						
_	INDIVIDUAL						
	<b>Z</b>						
		Action Other					To/From School
	Į.	Suspected Alcohol U	se	Suspected Drug Use			
	L	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
_	_	Drug Type					
6	001						
		Individual Condition					
		APPEARED NORMAL					