6TL09426T5

19-13136

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | | (000) 330-4093 | | |
|---|--|---------------------------------|---|-------------------------------------|--|--|
| Document Number Override | Primary Crash Document # | Agency Crash Number 19-13136 | Investigating Officer/Dep DEPUTY A. KULAS | outy | | |
| Crash Date | Crash Time | Date Arrived | Time Arrived | | | |
| 10/22/2019 Date Notified | 11:53 PM Time Notified | 10/23/2019 | 12:02 AM | Total Killed | | |
| 10/22/2019 | 11:54 PM | Total Units 01 | Total Injured Total 00 | Killed | | |
| On Emergency | Hit and Run Lane Clo | | Trailer or Towed | Reporting Threshold | | |
| Government Property | Active School Zone | School Bus Related NO | Tags | | | |
| ✓ Reportable | Crash Type DT4000 (STANDARD CRAS | SH) | Amended | Secondary Crash | | |
| Description Diagram | | | Reconstru | otion Dv | | |
| | CTHA | | Photos By | | | |
| 55 | | | Additional NONE | Information | | |
| | | | | | | |
| | | NPT TO SCALE | | | | |
| UNIT 1 WAS SOUTH BOUND C DAMAGE TO THE FRONT END | nent officer, agree that I have ON CTH A. A LARGE BUCK RAN OU | not added any CJIS data in t | | R CAUSING EXTENSIVE | | |
| Location | | · | ı | | | |
| ON CTHA SB 91 FT N | | Latitude 43.546962 | | ngitude . .738437033 | | |
| OF SHADY LANE RD IN THE TOWN OF FAIRFIE | LD | X Coordina 278780.1 | te Y C | .736437033 Coordinate 25200.5 | | |
| IN SAUK COUNTY | | Structure T | уре | | | |

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First Harmful Event Location

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Crash Scene First Harmful Event

| | Manner of Collision | | | | | | ON ROADWAY | | | | |
|----------|---|-------------------------------|----------------------|--------------------------|----------------------------|--------------------------|--|-------------------------------------|------------|---------------|--|
| | | | | | | | Light Condition | | | | |
| | NO COLLISION W/VEHICLE IN TRANSPORT | | | | | DARK/UNLIT | | | | | |
| | Road | load Surface Condition(s) | | | | Roadway Factor(s) | | | | | |
| | DRY | DRY | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | | |
| | ЮИ | NONE | | | | | | NONE | | | |
| | Wea | ther Condition(s) | | | | | | | | | |
| | CLC | CLOUDY | | | | | | | | | |
| | Anim | nal Type | | | | Relation To Trafficway | | | | | |
| | | DEER | | | | | TRAFFICWAY - ON ROAD | | | | |
| | | h Classification - Locatior | n | | | | | - Jurisdiction | | | |
| | _ | al Land | | | | NO SPECIAL JURISDICTION | | | | | |
| | THIDE | a Lana | | | | | Access Control Special Study NO CONTROL n Type | | | Special Study | |
| | With | in Interchange Area | | Intersection Type | | | | | | | |
| | NO | Ü | NON-JUNCTION | | NOT AN INTERSECTION | | | | | | |
| | Uni | Summary = | • | | • | | | | | | |
| | | Unit Status Vehicle Operating | | | | Classification Unit Type | | | | | |
| | | RANSIT | | D CLASS | | | | AUTOMOBILE | | | |
| 01 | | cle Type | | | | | | Operating A | s Endorser | ments | |
| 0 | | SENGER CAR | TT : /B :: B | | | | | | | | |
| | Tota 1 | l Occs | Train/Bus # Recorded | Total # Citations Issued | | | Total Tra | allers | | :Mat Types | |
| | | rance? | Direction Of Travel | | 0 | | Speed Li | _imit Total Lane | | es | |
| T | YES | | SOUTHBOUND | | Pre CrashTire Mark | | 55 | 2 | | | |
| UNIT | Most Harmful Event: Collision With | | | Special Fun | Special Function | | Emergency Motor Vehicle Use | | | | |
| D | NOI | N DOMESTICATED A | NIMAL (ALIVE) | NO SPEC | NO SPECIAL FUNCTION | | | NOT APPLICABLE | | | |
| | | ic Way | | | Traffic Control | | | Traffic Control Inoperative/Missing | | | |
| | | D-WAY, NOT DIVIDED |) | | NO CONTROL | | | NO Dead Conde | | | |
| | | ace Type ACKTOP (BITUMINOL | IC/ | STRAIGH | Road Curvature | | | Road Grade LEVEL | | | |
| | | k Bus or HazMat | J3) | JIKAIGH | <u> </u> | LEVEL | | | | | |
| | NO | N Duo of Fluziviat | | | | | | | | | |
| | , | Vehicle | | | | | | | | | |
| | | License Plate Number | Plate Type | Plate Type | | St | Country of Issuance | | | | |
| | AGJ1147 | | | AUT - AU | | BILE WI | | UNITED STATES | | | |
| _ | _ | Vehicle Identification Nu | ımber | Make | | | Year | Model | Model | | |
| 5 | 5 2MEHM75V19X619014 | | | MERCURY | | 2009 | GRAND MARQ | | | | |
| | | Color | | | Body Style | | Bus Use NOT A BUS | | | | |
| | | WHI - WHITE | | | SD - SEDAN Vehicle Damage | | | | | | |
| - | Initial Contact Point 12FRONT Extent Of Damage DISABLING DAMAGE | | | verlicie Da | 12FRONT | | | | | | |
| UNIT | | | | 12FRO | | | | | | | |
| ر | DISABLING DAMAGE | | | | | | | | | | |
| | | Towed Due To Damage | moved By | | | | | | | | |
| | TOWED DUE TO DISABLING DAMAGE CRAIGS TOWING | | | | | | | | | | |
| | | What Driver Was Doing | ctors | | | | | | | | |
| | GOING STRAIGHT Driver Prior Action Other NOT APPLICABLE | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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| LINO | VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | | | | | | |
|-------------------------------------|---|---|-----------------|---|---|--------------------|--|--|--|--|--|
| 01 | 01 | Owner Name JOE MONTANA W (608) 434-8186 | HITNEY | | Owner Address W11815 COUNTY ROAD W BARABOO, WI 53913 , US | | | | | | |
| | ; | Sequence Of Events | | | | | | | | | |
| | 5 | Event NON DOMESTICATED ANIMAL (ALIVE) | | | | | | | | | |
| | 05 | Event | | | | | | | | | |
| | 03 | Event | | | | | | | | | |
| | 9 | Event | | | | | | | | | |
| _ | 1 | Policy Holder | | | | | | | | | |
| LINO | | Insurance Company | | | Individual | | | | | | |
| ر | | PROGRESSIVE-CA | ASUALTY-INS-CO |) | JOE WHITNEY | | | | | | |
| | ı | Individual | | | | | | | | | |
| | | Driver JOE MONTANA W | HITNEY | | Citations Issued | Sex | | | | | |
| | A | (608) 434-8186 | | | Date of Birth | MALE Race | | | | | |
| _ | 2 | | | | Date of Birtin | WHITE | | | | | |
| | ₹ | Address | | | Driver License Number | | | | | | |
| _ | INDIVIDUAL | W11815 COUNTY ROAD W BARABOO, WI 53913 , US | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | Sat | 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 | | | | | | |
| _ | Σ | Injury Severity | | | Airbag | | | | | | |
| 0 | 00 | Injury | SUSPECTED MIN | IOR INJURY | DEPLOYED-FRONT | | | | | | |
| | | Ejected | Ejection Path | | • | Trapped/Extricated | | | | | |
| | | NOT EJECTED NOT EJECTED/NOT APPI | | | NOT TRAPPED | | | | | | |
| | | Medical Transport OTHER | | EMS Agency Identifier | EMS Run # | | | | | | |
| | | Hospital | | | Date of Death | Time of Death | | | | | |
| ST CLARE HOSP Distracted By Source | | | | | | | | | | | |
| | Distracted By NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | | | |
| | Distracted By Action NOT DISTRACTED | | | | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | | | |
| | | Prior Action | | | | | | | | | |
| | | | | | | | | | | | |

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| LIND | INDIVIDUAL | Action Other Suspected Alcohol Cong & Alcohol No | Jse | Suspected Drug Use | | | To/From School |
|------|------------|---|-------------------|--------------------|-------------------|----------------------|----------------|
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| 6 | 001 | Drug Type | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |