6TL09426T6

19-13139

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrid	e Primary Crash [Primary Crash Document # Agency Crash Nur 19-13139 Crash Time Date Arrived 01:23 AM 10/23/2019			Investigating Officer/Deputy DEPUTY A. KULAS		
Crash Date 10/23/2019	Crash Time 01:23 AM				Time Arrived 01:33 AM		
Date Notified	Time Notified						
10/23/2019	01:24 AM		Total Uni 01	its	Total Injured 02	Total Kill	ed .
On Emergency	Hit and Run	Lane Closu		Work Zone		or Towed	Reporting Threshold
Government Property		hool Zone	School B NO	us Related	Tags		
Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	ed	Secondary Crash
Description Diagram						Reconstructio	n Pu
NOT TO SCALE						Photos By A KULAS Additional Info	
✓ I, a sworn law enfo							
UNIT 1 WAS SOUTHBOUI SOUTHBOUND IN THE EA SEVERAL TREES. THE O	AST DITCH FOR AND EN	NTERED A HEAVIL	Y WOODE	ED AREA. UNIT 1 WEI	NT THROUGH TH	E WOODED A	REA AND STRUCK
Location =							
ON CTHA SB				Latitude		Longite	
0.28 MI S				43.513890	602	-89.73	8879117
OF SIDE RD IN THE TOWN OF FAIR IN SAUK COUNTY	RFIELD			X Coordinat 278623.43		Y Coo 48215	
				Structure Ty NO STRU		•	

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Crash Scene

First Harmful Event		First Harmful Event Location					
TREE		ON ROADWAY					
Manner of Collision		Light Condition					
NO COLLISION W/VEH	IICLE IN TRANSPORT	DARK/UNLIT					
Road Surface Condition(s)			Roadway Factor(s)				
DRY							
Environment Factor(s)							
NONE			NONE				
Weather Condition(s)		1					
CLOUDY							
Animal Type			Relation To Trafficway	Relation To Trafficway			
			TRAFFICWAY - ON ROAD				
Crash Classification - Locat	ion		Crash Classification - Jurisdiction				
PUBLIC PROPERTY			NO SPECIAL JURISDICTION				
Tribal Land			Access Control	Special Study			
			NO CONTROL				
Within Interchange Area	Junction Location	ction Type					
NO	NON-JUNCTION	TION NOT AN INTERSECTION					
I Init Summary	•	,					

Unit S	Summary
--------	---------

	Unit Status		Vehicle Operating As Classifica	ation	Unit Type		
	IN TRANSIT		D CLASS		1 7	AUTOMOBILE	
l	Vehicle Type		•		Operating A	As Endorsements	
2	PASSENGER CAR						
İ	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trail	ers	Total HazMat Types	
	2		2	0		0	
İ	Insurance?	Direction Of Travel	Pre CrashTire	Speed Lin	nit	Total Lanes	
l⊨	UNKNOWN	SOUTHBOUND	✓ Mark	55		2	
LIND	Most Harmful Event: Collision	n With	Special Function		Emergency Motor Vehicle Use		
_	TREE		NO SPECIAL FUNCTION		NOT APPLICABLE		
İ	Traffic Way		Traffic Control		Traffic Con	trol Inoperative/Missing	
	TWO-WAY, NOT DIVIDED Surface Type		NO CONTROL Road Curvature		NO		
İ					Road Grade		
	BLACKTOP (BITUMINO	US)	STRAIGHT		LEVEL		
İ	Truck Bus or HazMat		•		•		
	NO						

Vehicle

5

-		License Plate Number	Plate Type	St	Country of Issuance		
		365XRD	AUT - AUTOMOBILE	WI	UNITED STATES		
. 1	_ [Vehicle Identification Number	Make	Year	Model		
١	0	5NPE24AFXGH275382	HYUNDAI	2016	SONATA		
н		Color	Body Style		Bus Use		
		RED - RED	SD - SEDAN		NOT A BUS		
	Щ	Initial Contact Point	Vehicle Damage				
ŧ١	C	11LEFT FRONT CORNER	ALL AREAS				
	王	Extent Of Damage					
	VEHIC	DISABLING DAMAGE					
		Towed Due To Damage	Vehicle Removed By				
		TOWED DUE TO DISABLING DAMAGE	BILLS TOWING				
		What Driver Was Doing	Vehicle Factors				
		GOING STRAIGHT					
		Driver Prior Action Other	NOT APPLICABLE				

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	111	Driver Actions FAILURE TO CONT	ROL						
UNIT	ICLE								
5	VEHICLE								
		Own on Norma			LOwer Address				
_	1	Owner Name KENNETH ROBERT	GREENGRASS		Owner Address 1010 WEST ST				
0	01				BARABOO, WI 53913 , US				
		Sequence Of Eve	ents						
	01	Event TREE							
	02	Event TREE							
	03	Event TREE							
	04	Event TREE							
	ı	ndividual							
		Driver KENNETH ROBERT GREENGRASS			Citations Issued 2	Sex MALE			
_	INDIVIDUAL				Date of Birth	Race INDIAN			
	INIC	Address 1010 WEST ST BARABOO, WI 53913 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Z								
	Sat	ety Equipment	On Duty Crash		Safety Equipment				
	Jul	Seat Position			NONE USED - VEHICLE OCCUPANT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
01	001	I !	njury Severity SUSPECTED SEF	RIOUS INJUR	Airbag DEPLOYED-FRONT				
		Ejected	Ejection Pa	th	<u> </u>	Trapped/Extricated			
	TOTALLY EJECTED THROUGH WINDSHIELD Medical Transport			H WINDSHIELD	EMS Agency Identifier	NOT TRAPPED EMS Run #			
		EMS GROUND			6000368				
		Hospital ST CLARE HOSP			Date of Death	Time of Death			
		Distracted By	Distracted By Source	1	•	•			
		Distracted By Action UNKNOWN							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Prior Action							

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								,	
		Action							
	4								
_	INDIVIDUAL								
LNO	₽								
5	2								
	9								
	=								
		Antina Othera						T-/F O-b	
		Action Other						To/From School	
	,	Drug & Alcohol YES	ed Alcohol L	Jse	Suspected Drug Use YES				
	_				_				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST REFUSED BUT OBT	AINED	BLOOD			PENDING		
		Drug Test Given		Drug Test Type		Drug Test Results			
		TEST REFUSED BUT OBT	AINED	BLOOD		PENDING			
_	7	Drug Type		•		•			
5	001								
		Individual Condition							
		UNDER THE INFLUENCE	OE MEDIO	ATIONS/DDITES	S/ AI COHOL				
		ONDER THE INFEDENCE	OF WILDIO	JA HONS/DRUGS	MALCOHOL				
		ndividual			I Oitatiana Iaassad		La		
		Passenger LUCAS DANIEL STACY (715) 299-1728			Citations Issued		Sex		
	١				0		MALE		
	INDIVIDUAL				Date of Birth		Race INDIAN		
LNO	Ū.						INDIAN		
3	>	Address 504 GRANDWOOD CT # 16 MADISON, WI 53714 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Ä								
		WADIOON, WI 337 14 , 00							
	Saf	On Duty	Crash		Safety Equipment				
	Sai	fety Equipment							
		Seat Position			SHOULDER & LAP I	BELT			
		3FRONT SEAT-RIGHT S	IDE (TRAI	N ENGINEER					
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
7	005	Injury Se	-		Airbag				
0	ŏ			NOR INJURY	DEPLOYED-FRONT				
			Ejection Pa				Trapped/Extricated		
		NOT EJECTED	NOT EJE	CTED/NOT APPL	ICABLE		TRAPPED/EXTRICA	TED	
		Medical Transport			EMS Agency Identifier		EMS Run #		
		EMS GROUND			6000368				
		Hospital			Date of Death		Time of Death		
		ST CLARE HOSP							
		Distracted By Source							
	Distracted By								
		Distracted By Action							
		Striking U	Jnit #	Location					
		Non Motorist							
		Prior Action		l					

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Crash Date 10/23/2019

Crash Time 01:23 AM

		Action							
	٦L								
_	INDIVIDUAL								
UNIT	10								
)									
	Z								
		Action Other						To/From School	
		Action Other						10/1101113011001	
			Suspected Alco	hol Use	Suspected Drug Use				
	L	Orug & Alcohol	NO		NO				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
01	002	Drug Type							
)								
		Individual Condition							
		EMOTIONAL (DEDDESCED, ANADY DISTUDDED, ETC), LINDED THE INFLHENCE OF MEDICATIONS/DRUGG/AL COLICE							
		EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC), UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL							
	,	Violations							
	1	UTC Number	Issue To?	Statute Number	Description OPERATING LEFT (OF CENTED LINE			
	01	AE757630	001	346.05(1)	OFERATING LEFT	OF CENTER LINE	5		
	02	UTC Number	Issue To?	Statute Number 346.63(2)	Description CAUSE INJURY/OP	EDATE WHILE !!	IND INELLIENCE		
	0	AE757629	001	340.03(2)	CAUSE INJURITOR	ENATE WHILE U	IND INFLUENCE		