

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL09PBQCM

Document Number Override		Primary Crash Document #	Agency Crash Number 19-13720	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 11/04/2019		Crash Time 07:41 AM	Date Arrived 11/04/2019	Time Arrived 07:59 AM	
Date Notified 11/04/2019		Time Notified 07:41 AM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By
	Additional Information NONE

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS SOUTHBOUND ON CTH K. UNIT 1 SERVED TO AVOID 2 DEER. UNIT 1 DROVE INTO THE WEST GRAVEL SHOULDER BRAKING AND LOSING CONTROL OF UNIT 1. UNIT 1 CROSSED THE NORTHBOUND LANE OF TRAVEL. UNIT 1 ENTERED THE EAST DITCH. UNIT 1 STRUCK A TREE AND CAME TO REST.

Location

ON CTHK SB 866 FT E OF GAVIN RD IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.621129428	Longitude -89.986692505
	X Coordinate 259020.6875	Y Coordinate 4834129
	Structure Type	

Crash Scene

First Harmful Event TREE		First Harmful Event Location SHOULDER LEFT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) ANIMAL (S) IN ROADWAY			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With TREE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle					
	License Plate Number ABE5870		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1G1JC12F747170185		Make CHEVROLET	Year 2004	Model CAVALIER	
	Color RED - RED		Body Style CP - COUPE		Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT		Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE		12--FRONT			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By REEDSBURG SALVAGE			
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors			
Driver Prior Action Other		NOT APPLICABLE				

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
		Owner Name DANIEL L YODER (608) 415-1408	Owner Address N6902 COUNTY RD G MAUSTON, WI 53948 , US
UNIT	01	Sequence Of Events	
		01	Event DITCH
		02	Event TREE
		03	Event
UNIT	04	Policy Holder	
		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual DANIEL YODER
UNIT	INDIVIDUAL	Individual	
		Driver DANIEL L YODER (608) 415-1408	Citations Issued 0
		Date of Birth	Sex MALE
UNIT	01	Address N6902 COUNTY RD G MAUSTON, WI 53948 , US	Race WHITE
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	001	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
UNIT	001	Injury	Injury Severity NO APPARENT INJURY
			Airbag DEPLOYED-FRONT
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
			Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier
			EMS Run #
		Hospital	Date of Death
	Time of Death		
UNIT	001	Distracted By	
		Distracted By Source	
		Distracted By Action UNKNOWN	
UNIT	001	Non Motorist	Striking Unit #
			Location
UNIT	001	Prior Action	

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
01	001	Drug & Alcohol		
		Suspected Alcohol Use	Suspected Drug Use	
		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				
Individual Condition				
APPEARED NORMAL				