19-13549

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Primary Crash Document #	Agency Cra 19-13549		Investigating Offi DEPUTY S. FI		
Crash Date 10/31/2019	Crash Time <b>09:30 AM</b>	Date Arrive 10/31/201		Time Arrived 09:42 AM		
Date Notified	Time Notified	Total Units	-	Total Injured		
10/31/2019	09:31 AM	01		00	00	
	and Run	losure	Work Zone		Towed	Reporting Threshold
Government Property	Active School Zone	School Bus	Related	Tags		
Reportable	Crash Type DT4000 (STANDARD CR	ASH)				Secondary Crash
Description Diagram					construction	
FAIRVIEW RD	5 СТН	3	POWER POL WIRE	.e/guide	ditional Infor	mation
✓ I, a sworn law enforcement			y CJIS data in th	is report.		
✓ I, a sworn law enforcement UNIT 1 WAS E/B ON CTH B WHEN SIDEWAYS , ENTERED THE DITC	N DRIVER LOST CONTROL C	N THE SLIPPER	ny CJIS data in th	is report.		
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#### **Crash Scene**

							First Harmful Event Location				
	LUN	I LIGHT SUPPORT	SHOULDER LEFT								
	Manı	nner of Collision					Light Condition				
	NO	O COLLISION W/VEHICLE IN TRANSPORT					DAYLIGHT				
	Road	oad Surface Condition(s)					Roadway Factor(s)				
	WE.	NET, SNOW, SLUSH, ICE									
		Environment Factor(s)					URFACE	CONDITION	I (WET. IC	Y. SNOW. SLUSH.	
		ATHER CONDITIONS			ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)						
	Wea	Weather Condition(s)									
	CLC	OUDY, SNOW									
	Anim	nal Type					o Trafficwa	,			
	Cras	h Classification - Location					ssification -	Jurisdiction			
		BLIC PROPERTY						ISDICTION		-	
	Triba	al Land				Access Co				Special Study	
			-			NO CON	ITROL				
		in Interchange Area	Junction Location		Intersectio						
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
		t Summary 🛛 💻									
	Unit	Status		Vehicle Ope	erating As C	lassification	1	Unit Type			
		RANSIT		D CLASS			AUTOMOBI				
0		cle Type						Operating As Endorsements			
0	-	SENGER CAR	Train /Drag # Dagagalad				Tatal Tasi	railers Total HazMat Types		Ma4 T	
		Occs	Train/Bus # Recorded	Total # Cita 0	Total # Citations Issued		Total Trail 0	iers		Mat Types	
	2 Insurance? Direction Of Travel		-	-		Speed Limit		0 nit Total Lanes			
_	Insurance? Direction Of Travel YES EASTBOUND		Pre	Pre CrashTire Mark		•		2			
UNIT	-	Harmful Event: Collision		Special Fun	Special Function				ncy Motor Vehicle Use		
		IER POST, POLE OR		NO SPEC	NO SPECIAL FUNCTION			NOT APPLICABLE			
		ic Way		Traffic Cont	Traffic Control			Traffic Control Inoperative/Missing		tive/Missing	
		D-WAY, NOT DIVIDED			NO CONTROL			NO			
		ace Type			Road Curvature			Road Grade			
		CKTOP (BITUMINOU	S)	CURVE R	CURVE RIGHT LEVEL						
	NO	k Bus or HazMat									
	,	Vehicle									
		License Plate Number		Plate Type	Plate Type		St	Country of Issuance			
		819DBM	DBM			E WI		UNITED STATES			
2	~	Vehicle Identification Nu		Make		Year	Model				
0	5	1B3CC5FB4AN1606	42	DODGE			2010	AVENGER R/			
		Color GRY - GRAY	Body Style	Body Style			Bus Use NOT A BUS				
	ш	Initial Contact Point		Vehicle Damage							
E		6REAR									
UNIT	Ĭ	Extent Of Damage		6REAR	, 7LEFT	REAR CO	RNER				
	VEHICL	DISABLING DAMAG									
		Towed Due To Damage		Vehicle Re	Vehicle Removed By						
		TOWED DUE TO DIS	SABLING DAMAGE	GEORGE	ES AUTO E	BODY					
		What Driver Was Doing		Vehicle Fa	ctors						
		NEGOTIATING CUR									
		Driver Prior Action Other			NOT APPLICABLE						

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		Driver Actions										
	ш	SPEED TOO FAST/COND, FAILURE TO CONTROL	_, RAN OFF ROADWAY									
Η	L L											
LIND	₽											
	VEHICLE											
	>											
		Owner Name	Owner Address									
-	1		14/1									
2	01	(608) 370-1352	wi									
		Seguence Of Events										
		Sequence Of Events										
	01	Event RUN OFF ROADWAY LEFT										
	0											
	02	Event										
	0	OTHER POST, POLE OR SUPPORT										
		Event										
	03											
		Event										
	04	Event										
	0											
ъI	I	Policy Holder										
UNIT		Insurance Company	Individual									
5		ALLSTATE-INS-CO	WADE NEUBAUER									
		Individual										
		Driver	Citations Issued	Sex								
	_	WADE C NEUBAUER	0	MALE								
	A	(608) 370-1352	Date of Birth	Race								
ъI	2			WHITE								
	INDIVIDUAI	Address	Driver License Number									
5	D	WI										
	Z		STATE: WISCONSIN COUNTRY: U	STATE: WISCONSIN COUNTRY: UNITED STATES								
	Sat	On Duty Crash	Safety Equipment									
	Sai	ery Equipment										
		Seat Position	SHOULDER & LAP BELT									
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY										
		Helmet Use	Helmet Compliance	Helmet Compliance								
			·									
		Eye Protection	Tint Compliance									
	_	Injury Severity	Airbag									
2	001	Injury NO APPARENT INJURY	_									
-	0	NO APPARENT INJURY	NON DEPLOYED									
		Ejected Ejection Path		Trapped/Extricated								
		NOT EJECTED NOT EJECTED/NOT AP	PLICABLE	NOT TRAPPED								
		Medical Transport	EMS Agency Identifier	EMS Run #								
		NOT TRANSPORTED										
		Hospital	Date of Death	Time of Death								
		Distracted By Source										
		Distracted By										
		Distracted By Action UNKNOWN										
		Striking Unit # Location										
		Prior Action										

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action								
		Action Other							To/From School	
	Ľ	Drug & Alcohol	Suspect NO	ed Alcohol L	lse	Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	1		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type					
2	001	Drug Type								
		Individual Condition	IAL							
	I	ndividual								
	١L	Passenger ATHENA M NEUBAUER				Citations Issued Sex 0 FEMALE				
⊢	DUA	(608) 370-1352				Date of Birth		Race WHITE		
UNIT	INDIVIDUAL	Address WI			Driver License Number					
	Saf	ety Equipment	On Duty	Crash		Safety Equipment				
	[	Seat Position				CHILD RESTRAINT SYSTEM - FORWARD FACING				
		6SECOND SEAT- Helmet Use	RIGHT	SIDE		Helmet Compliance				
		Eye Protection								
						Tint Compliance				
2	002	Injury	Injury So NO AP	everity PARENT I	NJURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED		Ejection Pa	<sup>th</sup> CTED/NOT APPL		Trapped/Extricated NOT TRAPPED			
		Medical Transport		NOT LUE		EMS Agency Identifier		EMS Run #		
		NOT TRANSPORT Hospital	ED			Date of Death		Time of Death		
			Distract	ed By Source	9					
	1	Distracted By Distracted By Action								
		Non Motorist	Striking	Unit #	Location					
		Prior Action			•					

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UNIT	INDIVIDUAL	Action						
	L	Action Other Drug & Alcohol	Suspected Alcohol Us	66	Suspected Drug Use			To/From School
		Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN		Alcohol Test Type Drug Test Type		Drug Test Results	Alcohol Test Results	
01	002	Drug Type Individual Condition APPEARED NORM	AL					