19-13840

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash I	Document #		r Crash Number	DEPUTY A	G Officer/Deputy		
Crash Date 11/06/2019	09:00 AM			Date Arrived 11/06/2019		Time Arrived 01:20 PM		
Date Notified 11/06/2019	Time Notified 01:05 PM		Total U 01	nits	Total Injured	Total Injured Total Killed 00 00		
On Emergency	Hit and Run	Lane Closu		Work Zone		or Towed	Reporting Threshold	
Government Property		hool Zone	School NO	Bus Related	Tags			
Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)		Ameno	led	Secondary Crash	
Description Diagram						Reconstruction	Bv	
					+	Photos By		
					N			
		CORNFIEL	D					
				The second s		Additional Information NONE		
				198	27			
RIVER	RIVER RD							
NOT TO SCALE								
✔ I, a sworn law enford	cement officer, agre	ee that I have no	ot addeo	d any CJIS data in t	his report.			
UNIT 1 WAS TRAVELING E TRAVELED OFF THE NORT								
Location				Latitude		Langt	do	
0.33 MI W OF BEAVER RD				43.26366			0467525	
IN THE TOWN OF PRAIF	RIE DU SAC			X Coordina 273522.9	6875	Y Coord 47938		
				Structure T	уре			
<u></u>								

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Crash Scene

	First	First Harmful Event F						First Harmful Event Location				
	DIT	ІТСН					ON ROADWAY					
	Man	nner of Collision				Light Condition						
	NO	O COLLISION W/VEHICLE IN TRANSPORT				DAYLIGHT						
	Road	Road Surface Condition(s)				Roadway Factor(s)						
	SNC	w										
	Envi	ronment Factor(s)		-								
	NO	NE				NONE						
	Wea	ther Condition(s)				4						
	SNC											
	Anim	al Type				Relation To Trafficway TRAFFICWAY - ON ROAD						
		h Classification - Location	n				ssification -					
		BLIC PROPERTY						ISDICTION				
	Triba	al Land			Access Control					Special Study		
			-			NO CONTROL						
		in Interchange Area	Junction Location		Intersection		0T 1011					
	NO		NON-JUNCTION		NOT AN INTERSECTION							
		t Summary				1 10 11		I				
		Status			erating As C	lassification						
		RANSIT		D CLASS			AUTOMOBILE Operating As Endorsements			ments		
2						operating //s Endorsements						
	Tota	Occs	Train/Bus # Recorded	Total # Cita	Total # Citations Issued		Total Trail	tal Trailers Tota		Total HazMat Types		
	1		0	0		0) o		0			
	Insurance? Direction Of Travel		Pre	Pre CrashTire		Speed Limit To		Total Lan	Total Lanes			
F	YES EASTBOUND				Mark		55	2				
UNIT	Most Harmful Event: Collision With Special Func DITCH NO SPECI				cial Function Emergency Motor Vehic SPECIAL FUNCTION NOT APPLICABLE							
		Traffic Way Traffic Control				Traffic Control Inoperative/Missing						
	тwo	D-WAY, NOT DIVIDE		NO CONTROL			NO					
		асе Туре	Road Curva	Road Curvature			Road Grade					
	BLA	BLACKTOP (BITUMINOUS) STRAIGHT				LEVEL						
	Truck Bus or HazMat											
	NO											
	Vehicle											
	License Plate Number		Plate Type					Country of Issuance				
	ABD4994			AUT - AUTOMOBILE		WI						
2	2	Vehicle Identification Number 1NXBU40E09Z035087			Make TOYOTA		Year 2009	Model COROLLA/S/				
-	0				Body Style		2009	Bus Use				
		Color Body Style GRY - GRAY 4D - 4DR			NOT A BUS							
	Linitial Contact Point Vehicle Damage											
F	С	J 12FRONT										
UNIT	I2FRONT Extent Of Damage FUNCTIONAL DAMAGE			12FROI	12FRONT, UNDERCARRIAGE							
					Vehicle Removed By							
					OWNER Vehicle Factors							
		GOING STRAIGHT		venicie Fa	aciois							
					NOT APPLICABLE							
	Driver Prior Action Other			NOT APF	NOT APPLICABLE							

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UNIT	VEHICLE	Driver Actions SPEED TOO FAST/COND									
0	01	Owner Name JUSTIN WINTERS M (208) 351-3158	IORRIS		Owner Address 1165 CHERRY ST PLAIN, WI 53577 , US						
	ç	Sequence Of Events									
	01	Event RUN OFF ROADWAY LEFT									
	02	Event DITCH									
	03	Event									
	04	Event									
E	l	Policy Holder									
UNIT		Insurance Company AMERIPRISE-INSUR	RANCE-COM	PANY	Individual JUSTIN MORRIS						
	I	ndividual									
	_	Driver JUSTIN WINTERS M	IORRIS		Citations Issued 0	Sex MALE					
	NAL	(208) 351-3158			Date of Birth	Race					
UNIT	INDIVIDUAL	Address 1165 CHERRY ST PLAIN, WI 53577,US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Saf	ety Equipment	n Duty Crash		Safety Equipment						
	Jai	Seat Position			SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use			Helmet Compliance	Helmet Compliance					
		Eye Protection			Tint Compliance						
2	001	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection			Trapped/Extricated NOT TRAPPED					
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run #					
		Hospital			Date of Death	Time of Death					
	Distracted By Source Distracted By NOT APPLICABLE (NOT DISTRACTED)										
	Distracted By Action NOT DISTRACTED										
		Non Motorist	triking Unit #	Location							
		Prior Action		•							

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UNIT	INDIVIDUAL	Action					
		Action Other					To/From School
	Ľ	Drug & Alcohol NO	se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
0	001	Drug Type					
		Individual Condition NOT OBSERVED					