6TL0B7D6RV

19-13853

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	(608) 356-4895									
	Document Number Override	Primary Crash Document # Crash Time 99:99		Agency Crash Number 19-13853 Date Arrived 11/06/2019		Investigating Officer/Deputy DEPUTY A. SUKOWATEY				
>	Crash Date 11/06/2019						Time Arrived 08:36 PM			
O I LUB/DOR	Date Notified 11/06/2019	Time Notified 08:32 PM		Total Units 01			Total Injured Total 00 00		otal Killed O	
חם.	On Emergency Hit	t and Run Lane Clos		ure Work Zone		k Zone	Trailer or Tov		Reporting Threshold	
0 I L	Government Property	Active School Zone		School NO	School Bus Related NO		Tags			
	✓ Reportable	Crash Type DT4000 (STANDARD CRASH)					Amended	Secondary Crash		
ļ	Description									
	NOT TO SCALE NOT TO SCALE Additional Information NONE UNIT 1 UNIT 1 I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
i	Location									
j	ON CEMETERY RD 668 FT W					Latitude 43.545930013	3	Longi -90.0	tude 95941736	
	OF DECKER RD IN THE TOWN OF IRONTON IN SAUK COUNTY					X Coordinate Y Coordinate 4826100				
	IN CACK COOK! I					Structure Type				

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Crash Scene

1	First	Harmful Event	First Harmful Event Location								
	DIT	тсн					OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)				
	Manı	anner of Collision					Light Condition				
		O COLLISION W/VEHICLE IN TRANSPORT				DARK/UNLIT					
	Road	Road Surface Condition(s)					Roadway Factor(s)				
	SNC	SNOW, ICE									
	Envi	ronment Factor(s)									
	WE	ATHER CONDITIONS			NONE						
	Wea	Veather Condition(s)									
	CLC	CLOUDY									
	Anim	Animal Type					Relation To Trafficway TRAFFICWAY - NOT ON ROAD				
	Cras	h Classification - Location						- Jurisdiction			
	PUE	BLIC PROPERTY					CIAL JUF	RISDICTION			
	Triba	al Land			Access Control					Special Study	
					NO CONTROL						
	Withi	· ·	Junction Location NON-JUNCTION		Intersection	n Type INTERSE	CTION				
			NON-SONCTION		INOT AN	INTERSE	CHON				
		t Summary Status		Vehicle One	erating As C	lassification		Unit Type			
		Unit Status IN TRANSIT			Vehicle Operating As Classification D CLASS			AUTOMOBILE			
_		cle Type			027.00			Operating As Endorsements			
6	PAS	SENGER CAR									
	Total Occs Train/Bus # Recorded				Total # Citations Issued Total Traile Total Traile Total Frank		* *				
	1 Insurance? Direction Of Travel						0 0 Speed Limit Total Lan		00		
_	Insurance? Direction Of Travel YES EASTBOUND			- FIE CIASITILE		45	2		c 5		
UNIT	Most Harmful Event: Collision With				Special Function		1	Emergency Motor Vehicle Use			
_	DIT	СН	NO SPEC	NO SPECIAL FUNCTION			NOT APPLICABLE				
		ic Way		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO				
		D-WAY, NOT DIVIDED ace Type		Road Curvature			Road Grade	<u>, </u>			
		CKTOP (BITUMINOUS	5)		STRAIGHT			DOWNHILL			
		k Bus or HazMat									
	NO										
	,	Vehicle									
		License Plate Number			Plate Type		St	Country of Issuance			
		92290C		AUT - AUTOMOBIL Make		WI Year	UNITED ST	TATES			
2	01	Vehicle Identification Number 1B3BL18D6KY407565		DODGE		Year Model 1989 OMNI/EXP		0			
		Color		Body Style			Bus Use				
	BLK - BLACK				4D - 4DR		NOT A BUS				
	LE	Initial Contact Point	Vehicle Da	Vehicle Damage							
LNO	12FRONT Extent Of Damage DISABLING DAMAGE				1RIGHT FRONT CORNER, 5RIGHT REAR CORNER, 6REAR, 7LEFT REAR						
>	/Eŀ	DISABLING DAMAGE	CORNER, 11LEFT FRONT CORNER, 12FRONT, TOP								
	Towed Due To Damage			Vehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE			STEVES AUTO SERVICE						
	What Driver Was Doing			Vehicle Fa	Vehicle Factors						
		GOING STRAIGHT			NOT APPLICABLE						
		Driver Prior Action Other									

Crash Date 11/06/2019
Crash Time 99:99

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LIND	VEHICLE	Driver Actions SPEED TOO FAST/COND, UNKNOWN									
01	01	Owner Name JASON W WILLAR	RD		Owner Address W9728 COUNTY ROAD FF WONEWOC, WI 53968, US						
		Sequence Of Events									
	10	Event DITCH									
	02	Event OVERTURN/ROLLOVER									
	03	Event									
	04	Event									
_	i	Policy Holder									
L		Insurance Company AMERICAN-FAMILY-INS-CO			Individual JASON WILLARD						
		Individual									
		Driver LOGAN JERRY MITCHELL-CARTER (608) 415-2127		Citations Issued	Sex						
	Ļ			0	MALE						
⊨	INDIVIDUAL	(000) 413-2121			Date of Birth	Race WHITE					
)IV	Address W9224 STATE ROAD 33		Driver License Number							
	Ĭ	WONEWOC, WI 53968 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Crash Tety Equipment			Safety Equipment						
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		ER/MOTORCY	SHOULDER & LAP BELT						
		Helmet Use			Helmet Compliance						
		Eye Protection		Tint Compliance							
5	001		Injury Severity		Airbag						
0	ŏ		NO APPARENT I	NJURY	NOT APPLICABLE						
		Ejected			ICADI E	Trapped/Extrica					
		NOT EJECTED NOT EJECTED/NOT APP Medical Transport		EMS Agency Identifier	NOT TRAPPE EMS Run #	בט:					
		NOT TRANSPORTED		LINO Agency Identifier	LWO Kuii #						
		Hospital		Date of Death Time of Death							
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)											
	Distracted By Action NOT DISTRACTED										
		Non Motorist	Striking Unit #	Location							
	Prior Action										
					-						

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							` '		
		Action							
	ļ								
١.	J								
I≡	ם								
LNO	>								
–	INDIVIDUAL								
	Z								
İ		Action Other					To/From School		
İ		Suspected Alcohol	Suspected Alcohol Use Suspected Drug Use						
	L	Drug & Alcohol NO	NO						
ŀ		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN							
İ		Drug Test Given	Drug Test Type		Drug Test Results	5			
		TEŠT NOT GIVEN							
_	Ξ	Drug Type							
2	001	5 ,.							
İ		Individual Condition							
		APPEARED NORMAL, NOT OBSE	RVED						