

6TL0B3P3FN
19-13892

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number 19-13892	Investigating Officer/Deputy DEPUTY S. PARKHURST	
Crash Date 11/07/2019		Crash Time 11:20 PM	Date Arrived 11/07/2019	Time Arrived 11:40 PM	
Date Notified 11/07/2019		Time Notified 11:28 PM	Total Units 01	Total Injured 01	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

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information DRIVER BEHAVIOR AND CONDITION

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

UNIT 1 WAS EASTBOUND ON STH 33. UNIT ENTERED THE DITCH. THE UNIT CONTINUED IN THE DITCH UNTIL COMING TO REST AGAINST A BARBWIRE FENCE. THE OPERATOR SUFFERS FROM A MEDICAL CONDITION AND DID NOT RECALL ENTERING THE DITCH.

Location

ON STH33 EB 0.59 MI E OF JOHNSON RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.474221213	Longitude -89.658778546
	X Coordinate 284957.1875	Y Coordinate 4816912.5
	Structure Type NO STRUCTURE	

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Crash Scene

First Harmful Event DITCH		First Harmful Event Location ROADSIDE	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With DITCH		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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

01 UNIT VEHICLE	Vehicle				
	License Plate Number 710WRA		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GNEK13Z96J104786		Make CHEVROLET	Year 2006	Model TAHOE
	Color SIL - SILVER (ALUMINUM)		Body Style 4H - HATCHBACK 4 DOOR		Bus Use NOT A BUS
	Initial Contact Point NON-COLLISION		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		9--LEFT SIDE MIDDLE		
	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By BILLS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
Driver Prior Action Other		NOT APPLICABLE			

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UNIT VEHICLE	Driver Actions OTHER CONTRIBUTING ACTION		
	01	01	Owner Name TIMOTHY J ROSIN (608) 742-4406
			Owner Address 1094 SADDLE RDG PORTAGE, WI 53901 , US
Sequence Of Events			
	01	Event DITCH	
	02	Event FENCE	
	03	Event	
	04	Event	
UNIT	Policy Holder		
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual TIMOTHY ROSIN
UNIT INDIVIDUAL	Individual		
		Driver ANDREW T ROSIN (608) 742-4406	Citations Issued 0
			Sex MALE
			Date of Birth WHITE
	Address 1094 SADDLE RDG PORTAGE, WI 53901 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 01	Safety Equipment		
		On Duty Crash	Safety Equipment
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	Injury Severity POSSIBLE INJURY
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6000368	EMS Run #
	Hospital ST CLARE HOSP	Date of Death	Time of Death
	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED		
	Non Motorist	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	01	001	Drug & Alcohol		Suspected Alcohol Use NO	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	
			Drug Type			
			Individual Condition ILL (SICK), FAINTED			