

WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL09PBQCN

Document Number Override		Primary Crash Document #	Agency Crash Number 19-13899	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 11/08/2019		Crash Time 01:00 AM	Date Arrived 11/08/2019	Time Arrived 05:24 AM	
Date Notified 11/08/2019		Time Notified 05:10 AM	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 checked="" 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 NONE

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

UNIT 1 WAS WESTBOUND ON SHADY LN. UNIT 1 OPERATOR LOST CONTROL ON A SLIPPERY PORTION OF THE ROAD. UNIT 1 CROSSED THE EASTBOUND LANE OF TRAVEL AND ENTERED THE SOUTH DITCH. UNIT 1 STRUCK BRUSH AND SMALL TREES IN THE SOUTH DITCH. UNIT 1 CAME TO REST FACING WEST IN THE SOUTH DITCH.

Location

ON SHADY LANE RD 466 FT W OF HASTINGS RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.546927126	Longitude -89.809760405
	X Coordinate 273018.0625	Y Coordinate 4825389
	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 DARK/UNLIT	
Road Surface Condition(s) ICE		Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
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

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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	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 STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle					
	License Plate Number 301XGF		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 4S3BNBJ67F3064830		Make SUBARU	Year 2015	Model LEGACY 2.5	
	Color WHI - WHITE		Body Style 4D - 4DR		Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT		Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE		ALL AREAS			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MIKES TOWING			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
Driver Prior Action Other		NOT APPLICABLE				

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UNIT	VEHICLE	Driver Actions SPEED TOO FAST/COND	
		Owner Name GEOFFREY WILLIAM BEAVER (608) 566-0272	Owner Address 701 E MAIN ST REEDSBURG, WI 53959 , US
UNIT	01	Sequence Of Events	
		01	Event TREE
		02	Event
		03	Event
UNIT	04	Policy Holder	
		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual GEOFFREY BEAVER
UNIT	INDIVIDUAL	Individual	
		Driver GEOFFREY WILLIAM BEAVER (608) 566-0272	Citations Issued 1
			Sex MALE
			Race WHITE
	Address 701 E MAIN ST REEDSBURG, WI 53959 , US	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
		Injury	Injury Severity POSSIBLE INJURY
	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
	Distracted By Distracted By Source		
	Distracted By Action UNKNOWN		
	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 YES	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 EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)			
	02	002	Violations			
			UTC Number AD979067	Issue To? 001	Statute Number 346.70(1)	Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT
	Property Owner					
PROP OWNER	01	Government TOWNSHIP OF DELTON (608) 253-4621			Address 30 S WISCONSIN DELLS PKWY PO BOX 148 LAKE DELTON, WI 53940 , US	
		Fixed Objects Struck				
01	001	Striking Unit 01	Struck Object TREE	Structure Number	Damage Tag Number	