

6TL09B7DBV  
19-14235

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 <b>19-14235</b>	Investigating Officer/Deputy <b>DEPUTY A. MEEKER</b>	
Crash Date <b>11/16/2019</b>		Crash Time <b>06:40 PM</b>	Date Arrived <b>11/16/2019</b>	Time Arrived <b>07:00 PM</b>	
Date Notified <b>11/16/2019</b>		Time Notified <b>06:42 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TRAVELING SOUTH BOUND ON SUNRISE RD. UNIT 1 RAN OFF ROAD WAY TO THE RIGHT CAUGHT THE SOFT SHOULDER AND WAS PULLED OFF THE ROAD. UNIT 1 THEN OVERTURNED COMING TO REST ON ITS RIGHT SIDE. UNIT 1 WAS REMOVED BY OWNER.

Location

<b>ON SUNRISE RD 0.67 MI S OF SUNRISE LN IN THE TOWN OF WESTFIELD IN SAUK COUNTY</b>	Latitude <b>43.429623935</b>	Longitude <b>-89.998663837</b>
	X Coordinate <b>257287.421875</b>	Y Coordinate <b>4812894</b>
	Structure Type	

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## Crash Scene

First Harmful Event <b>DITCH</b>		First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>SOFT SHOULDER</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>C CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>AGCMV (AG COMMERCIAL MOTOR VEHICLE)</b>				Operating As Endorsements	
	Total Occs <b>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>OTHER NON-COLLISION</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

## Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number				Plate Type <b>HFM - FARM HEAVY TRU</b>	St	Country of Issuance
		Vehicle Identification Number <b>1FVXJLBB8VH790933</b>				Make <b>FREIGHTLINER CORP</b>	Year <b>1997</b>	Model <b>UNKNOWN</b>
		Color <b>WHI - WHITE</b>				Body Style <b>TK - TRUCK</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>NON-COLLISION</b>				Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				<b>3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 12--FRONT, UNDERCARRIAGE</b>		
		Towed Due To Damage <b>NOT TOWED</b>				Vehicle Removed By <b>OWNER</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>				Vehicle Factors		
		Driver Prior Action Other				<b>NOT APPLICABLE</b>		

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UNIT	VEHICLE	Driver Actions <b>RAN OFF ROADWAY</b>	
		Owner Name <b>JOSHUA TROY MARTEN (608) 279-2337</b>	Owner Address <b>S7077 STATE ROAD 23 LOGANVILLE, WI 53943 , US</b>
UNIT	01	<b>Sequence Of Events</b>	
		01	Event <b>RUN OFF ROADWAY RIGHT</b>
		02	Event <b>DITCH</b>
		03	Event
UNIT	01	<b>Policy Holder</b>	
		Insurance Company <b>SECURA-INS-A-MUTUAL-CO</b>	Individual <b>JOSHUA MARTEN</b>
UNIT	INDIVIDUAL	<b>Individual</b>	
		Driver <b>JOSHUA TROY MARTEN (608) 279-2337</b>	Citations Issued <b>0</b>
		Date of Birth	Sex <b>MALE</b>
UNIT	001	Address <b>S7077 STATE ROAD 23 LOGANVILLE, WI 53943 , US</b>	
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance
		Helmet Use	Tint Compliance
		Eye Protection	Airbag <b>NON DEPLOYED</b>
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
		Trapped/Extricated <b>NOT TRAPPED</b>	Medical Transport <b>NOT TRANSPORTED</b>
EMS Agency Identifier	EMS Run #		
Hospital	Date of Death		
Time of Death	<b>Distracted By</b>		
Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other		To/From School	
	<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition <b>APPEARED NORMAL</b>		