WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Investigating Officer/Deputy DEPUTY W. VERTEIN Time Arrived 06:58 AM Total Injured 00 Work Zone Trailer or Towed Related Tags Reconstruction By Reconstruction By Additional Information NONE
O6:58 AM Total Injured O0 Work Zone Trailer or Towed Reporting Threshold Tags Amended Secondary Crash Reconstruction By Photos By Additional Information
Work Zone Trailer or Towed Reporting Threshold Tags Amended Secondary Crash Reconstruction By Photos By Additional Information
Work Zone Trailer or Towed Reporting Threshold Tags Amended Secondary Crash Reconstruction By Photos By Additional Information
Related Tags Amended Secondary Crash Reconstruction By Photos By Additional Information
Reconstruction By Photos By Additional Information
Reconstruction By Photos By Additional Information
Photos By Additional Information
Photos By Additional Information
CJIS data in this report. UTHBOUND. AS THE OPERATOR WAS ATTEMPTING TO NEGOTIATE A CONDITIONS. UNIT 1 CROSSED THE CENTERLINE WHERE IT ENTERED
CHEMICIAL DIVIT I ONCOOLD THE CLIVIENLINE WHENETH ENTEREL
- CHARLES ONLY TOROGODO THE CENTERLINE WHERE IT ENTERED
Latitude Longitude
UTH

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First Harmful Event Location

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Crash Scene First Harmful Event

	TRE	Manner of Collision						ROADSIDE Light Condition				
	NO	O COLLISION W/VEHICLE IN TRANSPORT					DAWN					
	Road	Road Surface Condition(s)					Roadway Factor(s)					
	ICE	ICE										
	Envi	ronment Factor(s)										
	NON	NE	NONE									
	Wea	Weather Condition(s)										
	CLOUDY											
	Anim							Relation To Trafficway TRAFFICWAY - ON ROAD				
	Cras	h Classification - Locatio	n			Crash Clas	ssification	- Jurisdiction				
		BLIC PROPERTY				NO SPECIAL JURISDICTION						
	Triba	Il Land				Access Control NO CONTROL			Special Study			
	\ A /: 41-	- l-t A	Junction Location				IKUL					
	NO	n Interchange Area		Intersection Type NOT AN INTI		n Type NTERSECTION						
	Unit	Summary =	-									
		Status		Vehicle Ope	erating As C	lassification Unit Type						
	IN T	RANSIT		D CLASS	D CLASS			TRUCK				
5	Vehi	cle Type						Operating As Endorseme		ments		
		LITY TRUCK/PICKUR										
		tal Occs Train/Bus # Recorded			Total # Citations Issued		Total Tra	ailers		Mat Types		
	2		Discretical Of Transpl	0	0		0		0			
	Insurance? Direction Of Travel YES SOUTHBOUND			Pre CrashTire Mark		Speed Limit 55		Total Lanes 2				
UNIT	Most Harmful Event: Collision With				Special Function		Emergency Motor Vehicle Use		icle Use			
П	TRE				NO SPECIAL FUNCTION				NOT APPLICABLE			
	Traff	ic Way	Traffic Cont	Traffic Control		Traffic Control Inoperative/Missing						
	TWC	D-WAY, NOT DIVIDE	NO CONT	NO CONTROL			NO					
	Surfa	асе Туре		Road Curva	Road Curvature			Road Grade				
		CKTOP (BITUMINO				UPHIL		UPHILL				
		k Bus or HazMat										
	NO											
	'	Vehicle										
		License Plate Number	Plate Type		St		Country of Issuance					
		PW4400		LTK - LIGHT TRUC		WI	UNITED STATES					
5	5	Vehicle Identification No. 1GCEK19T5XE1109		Make CHEVROLET		Year 1999	Model SILVERADO					
		Color GRY - GRAY		Body Style PK - PICKUP		Bus Use NOT A BUS						
	щ	Initial Contact Point	Vehicle Da	Vehicle Damage								
UNIT	걸	11LEFT FRONT C										
5	VEHICL	Extent Of Damage		1RIGHT	1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT							
	5	DISABLING DAMAG										
		Towed Due To Damage Vehicle Removed										
			ISABLING DAMAGE	INTERST								
		What Driver Was Doing	•	venicie Fa	Vehicle Factors							
	NEGOTIATING CURVE Driver Prior Action Other NOT APPLICABLE					CABLE						
				 								

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LINO	VEHICLE	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE							
01	01	Owner Name NATHAN E STROMBER (608) 477-7176	:G		Owner Address W1838 CTH J WISCONSIN DELLS, WI 53965, US				
	;	Sequence Of Events	S						
	5	Event CROSS CENTERLINE							
	05	Event RUN OFF ROADWAY LI	EFT						
	03	Event DITCH							
	9	TREE							
⊢		Policy Holder							
LINO		Insurance Company			Individual				
_		DAIRYLAND-INS-CO			NATHAN STROMBER	G			
	ı	Individual							
_		Driver NATHAN E STROMBERG (608) 477-7176		Citations Issued		Sex			
	A			0 Date of Birth		MALE Race			
	Ď				Date of Bitti		WHITE		
	₹	Address			Driver License Number				
ر	INDIVIDUAL	W1838 CTH J WISCONSIN DELLS, WI 53965 , US			STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	On Duty Crash fety Equipment			Safety Equipment				
	- Cu.	Seat Position			SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use			Helmet Compliance				
		Eye Protection		Tint Compliance					
7	001	Injury Severity NO APPARENT INJURY			Airbag				
_	0		PPARENT II	NJURY	NON DEPLOYED		Tropped/Extrinated		
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT API			ICARI E		Trapped/Extricated NOT TRAPPED		
		Medical Transport		CILD/NOT ALL	EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED			3,				
		Hospital			Date of Death		Time of Death		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)								
	Distracted By Action NOT DISTRACTED								
		Non Motorist Strikin	ng Unit #	Location					
		Prior Action							

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							, ,		
		Action							
	_								
	INDIVIDUAL								
—	\supset								
LINO	₽∣								
5	≥								
_									
	Z								
		Action Other					To/From School		
	Į.	Suspected	d Alcohol Use	Suspected Drug Use					
	Γ	Drug & Alcohol NO	4711001101 000	NO					
	_	orag a Alconol No							
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN	,						
		Drug Test Given	Drug Test Type		Drug Test Results				
		TEŠT NOT GIVEN							
	_	Drug Type	ı		Ī				
7	001	Drug Type							
٦	0								
		Individual Condition							
		APPEARED NORMAL							
		ALL EARLE HORMAL							
	- 1	ndividual							
		Passenger		Citations Issued		Sex			
		LYNDEN R STROMBERG							
	_			0		MALE			
	⋖	(608) 477-7176		Date of Birth		Race			
	\geq					WHITE			
UNIT	INDIVIDUAL			<u> </u>					
\(\)	2	Address		Driver License Number					
_	9	W1838 CTH J							
	=	WISCONSIN DELLS, WI 53							
		On Duty C	Crash	Safety Equipment					
	Sat	ety Equipment							
	Seat Position			CHILD RESTRAINT SYSTEM - REAR FACING					
		5SECOND SEAT-MIDDLE		Helmet Compliance					
		Helmet Use							
				,					
		Eye Protection		Tint Compliance					
	ا م	Injury Sev	rerity	Airbag					
0	005	Injury No APP	ADENT IN HIDY						
_	0	Injury NO APP	ARENI INJURY	NON DEPLOYED					
		Ejected E	jection Path			Trapped/Extricated			
		NOT EJECTED 1	NOT EJECTED/NOT APPL	ICABLE		NOT TRAPPED			
			to i Edeo i Editio i Ai i E						
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
				l					
		Distracted By Source							
		Distracted By							
		Distracted By Action							
	Distracted by Action								
		Striking U	nit # Location						
		Non Motorist	1						
		Drieg Action							
		Prior Action							

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Crash Date 11/25/2019

Crash Time 06:30 AM

		A =4: = .=						
UNIT	INDIVIDUAL	Action						
	IND	Action Other						To/From School
		Action Other						10/From School
	L	Drug & Alcol	Suspected Alcohol U	se	Suspected Drug Use NO			
		Alcohol Test Give		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN Drug Test T		Drug Test Type		Drug Test Results	3	
01	002	Drug Type						
	Individual Condition							
		APPEARED N	ORMAL					
	Pro	perty Owne	er 💻					
PROP OWNER 01					Address 620 STH 136 PO BOX 26 BARABOO, WI 53913	, US		
	Fixe	ed Objects S						
	5	Striking Unit 01	Struck Object TREE				Structure Number	Damage Tag Number NA