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20-04693

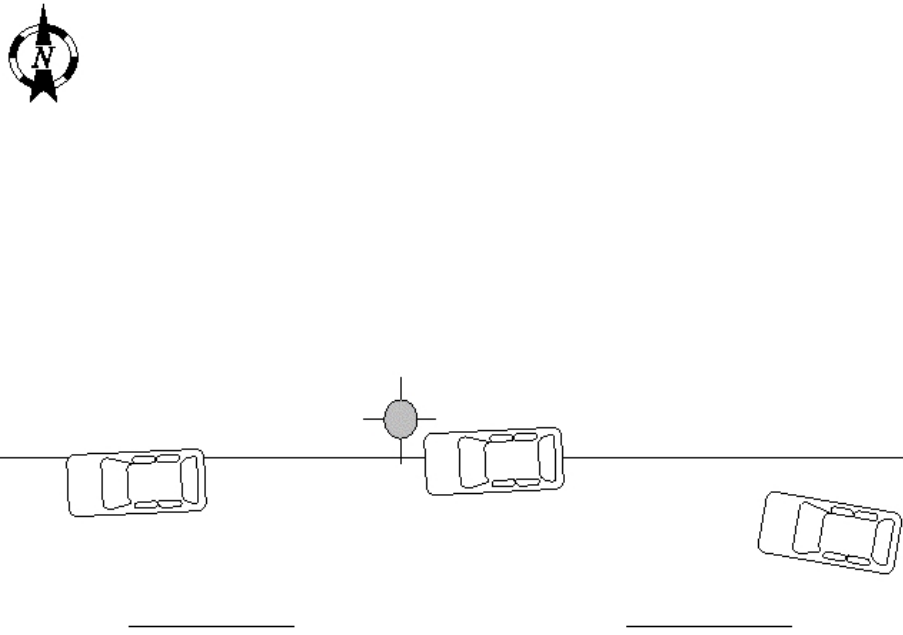
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 20-04693	Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 05/20/2020		Crash Time 10:56 PM	Date Arrived 05/20/2020	Time Arrived 10:56 PM	
Date Notified 05/20/2020		Time Notified 10:56 PM	Total Units 01	Total Injured 00	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

Diagram  <p style="text-align: center;">NOT TO SCALE</p>	Reconstruction By
	Photos By 9140
	Additional Information NONE, PHOTOS
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
UNIT 1 WAS TRAVELING W/B ON PHYLANE RD. UNIT 1 STRUCK MAILBOX CAUSE DAMAGE TO VEHICLE AND BREAKING MAILBOX AND POST	

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Location

ON PHYLANE RD 533 FT E OF SAUTER RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.17876971	Longitude -90.180968355
	X Coordinate 241468.8125	Y Coordinate 4785580.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - 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

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 2
	Most Harmful Event: Collision With MAILBOX	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				

UNIT	Vehicle				
	01	License Plate Number ACP8151	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4A3AE45G03E210542	Make MITSUBISHI	Year 2003	Model ECLIPSE
	VEHICLE	Color WHI - WHITE	Body Style 2D - 2DR		Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage		
Extent Of Damage FUNCTIONAL DAMAGE		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01 01	Owner Name DAKOTA L LINS		Owner Address 32817 FULTON ST GOTHEM, WI 53540 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event MAILBOX			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver WILLIAM T CLARK (608) 459-0852		Citations Issued 2	Sex MALE
	Address 208 W MADISON ST SPRING GREEN, WI 53588 , US		Date of Birth	Race WHITE
	On Duty Crash		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01 001	Injury		Airbag	
	Injury Severity NO APPARENT INJURY		NON DEPLOYED	
	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	
01 001	Distracted By		Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN			
	Non Motorist		Striking Unit #	Location

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Prior Action	
		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 APPEARED NORMAL	
		Individual	
		UNIT	INDIVIDUAL
	Sex MALE		
	Date of Birth		
	Race		
Address 32817 FULTON ST GOTHAM, WI 53540 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
Safety Equipment			
On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
01	002	Injury	Injury Severity NO APPARENT INJURY
			Airbag NON DEPLOYED
		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			
Non Motorist			
Striking Unit #	Location		
Prior Action			

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UNIT	INDIVIDUAL			
	Action			
	Action Other			To/From School
	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 APPEARED NORMAL			
	Violations			
	01	UTC Number BB958298	Issue To? 001	Statute Number 343.44(1)(a)
02	UTC Number BB958299	Issue To? 001	Statute Number 346.70(1)	Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT