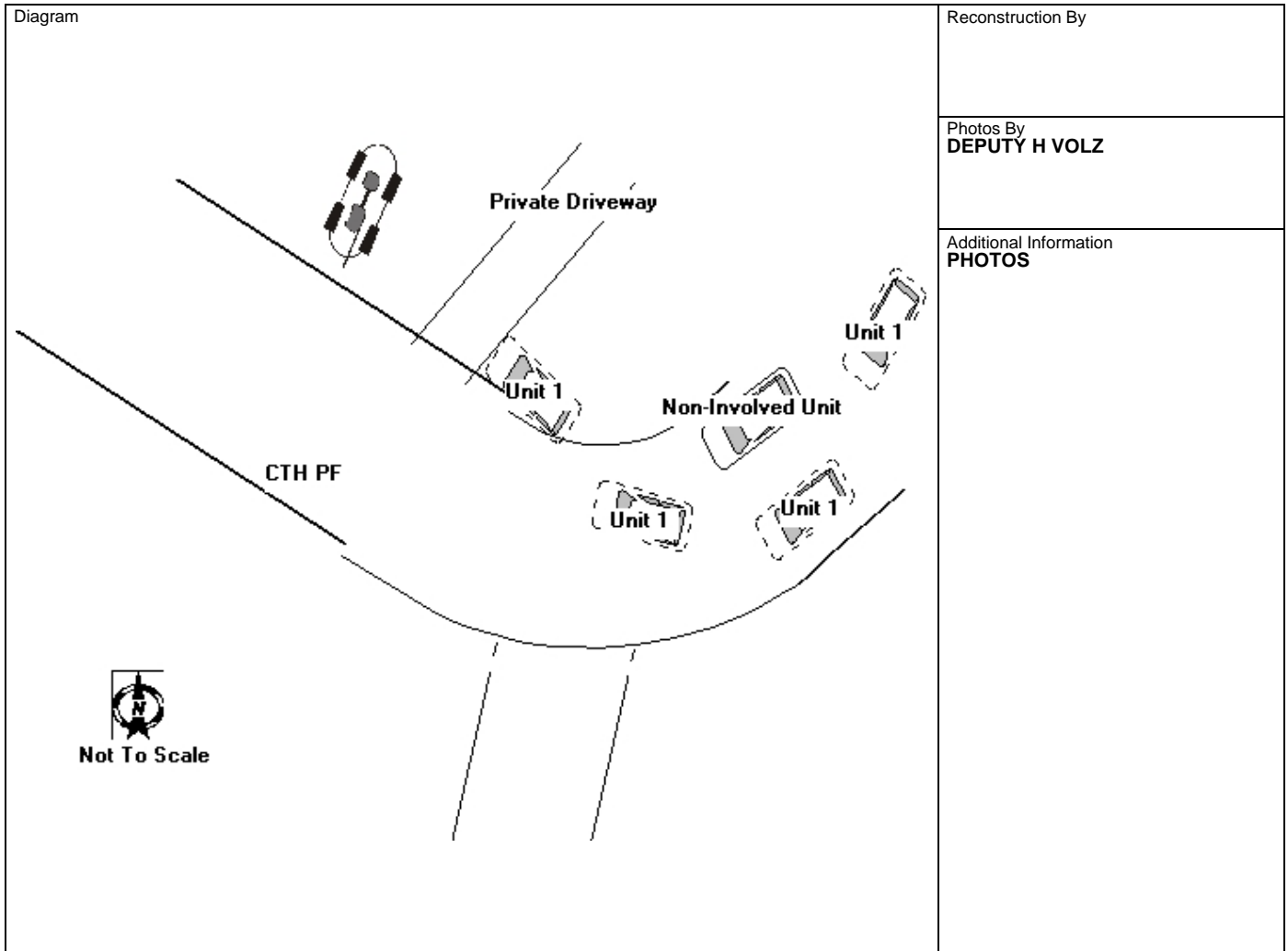


WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL0BFKDCW

Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-05487</b>		Investigating Officer/Deputy <b>DEPUTY H. VOLZ</b>		
Crash Date <b>06/09/2020</b>		Crash Time <b>03:20 PM</b>		Date Arrived <b>06/09/2020</b>		Time Arrived <b>03:45 PM</b>		
Date Notified <b>06/09/2020</b>		Time Notified <b>03:23 PM</b>		Total Units <b>01</b>		Total Injured <b>01</b>	Total Killed <b>00</b>	
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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



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

UNIT 1 WAS TRAVELING WB ON CTH PF JUST EAST OF CEDAR ROAD. UNIT 1 APPROACHED A VEHICLE IN FRONT OF THEM ON CTH PF. THE SECTION OF CTH PF WAS ON A CORNER AND IN A NO PASSING ZONE. UNIT 1 PASSED A VEHICLE ON THE CORNER IN THE NO PASSING ZONE AND THEN ENTERED HIS LANE OF TRAFFIC. UNIT 1 LEFT THE ROADWAY ON THE NORTHSIDE DITCH. UNIT 1 TRAVELED INTO THE DITCH AND STRUCK A PRIVATE DRIVEWAY. UNIT 1 OVER TURNED AN UNKNOWN NUMBER OF TIMES BEFORE COMING TO REST IN THE FIELD ON THE DRIVERS SIDE OF THE VEHICLE.

6TL0BFKDCW

20-05487

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

**Location**

<b>ON CTHPF WB 138 FT E OF CEDAR RD IN THE TOWN OF HONEY CREEK IN SAUK COUNTY</b>	Latitude <b>43.317035114</b>	Longitude <b>-89.934353235</b>
	X Coordinate <b>262052.796875</b>	Y Coordinate <b>4800204</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>DITCH</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY, RAIN</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - NOT 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>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>06/09/2020</b>	Time Initial Lane/Rd Closed <b>03:40 PM</b>		
Date All Lanes Open <b>06/09/2020</b>	Time All Lanes Open <b>04:44 PM</b>	Date Scene Cleared <b>06/09/2020</b>	Time Scene Cleared <b>04:44 PM</b>

**Unit Summary**

<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements			
		Total Occs <b>1</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>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>			
		Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</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>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>		
		Truck Bus or HazMat <b>NO</b>							
		<b>Vehicle</b>							
		<b>01</b>	License Plate Number <b>361WEZ</b>			Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>4S3BH675237613898</b>			Make <b>SUBARU</b>	Year <b>2003</b>	Model <b>LEGACY</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Color <b>BLU - BLUE</b>	Body Style <b>SW - STATIONWAGON</b>	Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>15 - ALL AREAS</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>EVERETTS TOWING</b>	
	What Driver Was Doing <b>VIOL NO PASS ZN</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>FAILURE TO CONTROL, IMPROPER OVERTAKING / PASSING LEFT, FAILED TO KEEP IN DESIGNATED LANE</b>		
	Owner Name <b>ROBERT E BIERSTAKER (608) 206-5807</b>	Owner Address <b>E7979 COUNTY ROAD O SAUK CITY, WI 53583 , US</b>	
UNIT 01	<b>Sequence Of Events</b>		
	01	Event <b>CROSS CENTERLINE</b>	
	02	Event <b>DITCH</b>	
	03	Event <b>OVERTURN/ROLLOVER</b>	
	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>ROBERT BIERSTAKER</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>REECE JOSEPH BIERSTAKER</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>E7979 COUNTY ROAD O SAUK CITY, WI 53583 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 01	<b>Safety Equipment</b>		On Duty Crash
			Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>NONE USED - VEHICLE OCCUPANT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>TOTALLY EJECTED</b>		Ejection Path <b>UNKNOWN</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6001155</b>	EMS Run #

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CRASH REPORT

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<b>UNIT</b>	Hospital <b>UW HEALTH-AMERICAN CENTER</b>		Date of Death	Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>		
	Distracted By Action <b>UNKNOWN</b>				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				To/From School
	<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>NOT OBSERVED</b>					

**Witness**

<b>WITN 01</b>	Individual <b>KARISSA AGNES JOHNSON</b> (608) 477-0752		Address <b>S7856 SKY VIEW RD</b> <b>LOGANVILLE, WI 53943 , US</b>		Date of Birth
	<b>ESS</b>				

**Witness**

<b>WITN 02</b>	Individual <b>CHRISTOPHER TODD FEHRMAN</b> (608) 963-2823		Address <b>S9179 HWY 78</b> <b>PRAIRIE DU SAC, WI 53578 , US</b>		Date of Birth
	<b>ESS</b>				