WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Document #		Document #	Agency Crash Number		Investigating Officer/Deputy					
						20-07345		DEPUTY S. MESSNER			
	Crash Date 07/26/2020 Date Notified 07/26/2020		Crash Time 11:55 AM Time Notified 11:57 AM		Date Arrived 07/26/2020			Time Arrived			
)							12:10 PM		T		
-					Total Units 01		Total Injured	Total Injured Total Kill		ed	
01 505 11 134	On Emergency Hit		and Run Lane Closu		ure Work Zone		Traile	Trailer or Towed		Reporting Threshold	
-	Government Property		Active Sc	hool Zone	School NO			Tags			
	✓ Reportable		Crash Type DT4000 (STANDARD CRASH)			Amended			Secondary Crash		
I	Description —										
	Diagram							Re	construction	п Ву	
						CTH PF					
	N-44	!						<u>_</u>			
	(N)	o scale	е					DE	otos By P. S. MES	SSNER	
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	I, a sworn law enfore	ceme	nt officer, agre	ee that I have no	ot added	I any CJIS data in thi	s report.				

ON SUNDAY, 7/26/2020, UNIT 1, A RED FORD RANGER, BEARING WI REGISTRATION PLATE # SE9810, WAS BEING DRIVEN BY REGISTERED OWNER, ANTHONY A. TRYNZOLYN, WITH PASSENGER JOSHUA T. FRANK. UNIT 1 WAS SOUTHBOUND ON CTH PF, SOUTH OF STH 136. CTH PF MADE A SHARP RIGHT CURVE WHICH UNIT 1 FAILED TO NEGOTIATE. UNIT 1 CONTINUED STRAIGHT, CROSSING THE CENTERLINE, LEAVING THE LEFT SIDE OF THE ROADWAY. UNIT 1 STRUCK THE DITCHLINE, LEFT THE DITCH LINE AND CONTINUED IN WHICH CROSSING A PRIVATE DRIVEWAY AND COMING TO REST IN A TREE/BRUSH LINE. BOTH DRIVER AND PASSENGER COMPLAINED OF BACK PAIN. UPON ARRIVAL OF LAW ENFORCEMENT, THE DRIVER ADMITTED THAT THE PASSENGER HAD SPILLED HIS DRINK WHICH TOOK HIS ATTENTION OFF OF DRIVING. THE DRIVER ADMITTED HE ATTEMPTED TO REACH FOR THE DRINK WHEN THE CRASHED OCCURRED AND ADMITTED THAT HE DID NOT SEE THE CORNER. LATER THE DRIVER EXPLAINED HE ATTEMPTED TO BRAKE COMING UP TO THE CORNER, BUT THE BRAKES FAILED, LEAVING HIM WITHOUT BRAKES, CAUSING HIM TO FAIL TO NEGOTIATE THE CURVE. BARABOO EMS RESPONDED TO THE SCENE AND CHECKED THE DRIVER AND PASSENGER. UNIT 1 WAS REMOVED BY MIKE'S TOWING. DEP. MESSNER PROVIDED A RIDE TO THE DRIVER AND PASSENGER BACK TO 111 BENDER STREET IN ROCK SPRINGS. DRIVER WAS ISSUED A CITATION FOR INATTENTIVE DRIVING.

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Crash Date 07/26/2020

Crash Time 11:55 AM

	LOC	ation								
1	_	CTHPF SB			Lat	titude		Longitude		
		FTN			43	43.469285197		-89.847042312		
		N LIMIT RD THE TOWN OF EXCEL	SIOD		X	Coordinate		Y Coordinate		
		SAUK COUNTY	SIUK		26	269710.9375		4816868		
					Str	Structure Type				
					NO	NO STRUCTURE				
(Cra	sh Scene								
1	-	Harmful Event			Fir	rst Harmful Event I	ocation			
	DIT				HOULDER LEF					
		ner of Collision			_	Light Condition				
			HICLE IN TRANSPORT		DAYLIGHT					
		d Surface Condition(s)			Ro	Roadway Factor(s)				
	DR	. ,								
	Envi	ironment Factor(s)								
	NOI	NE			NO	ONE				
	Wea	ather Condition(s)								
	CLE	EAR								
	Anin	nal Type				elation To Trafficwa	•	`		
	Cras	sh Classification - Location				TRAFFICWAY - NOT ON ROAD Crash Classification - Jurisdiction				
	PRIVATE PROPERTY Tribal Land					RIVATE PROPE				
					_	Access Control Special St				
					NO CONTROL Intersection Type					
	Within Interchange Area NO NO-JUNCTION					OT AN INTERSECTION				
	Ini	t Summary								
		t Summary Status		Vehicle Ope			Unit Type			
	Unit	Status		Vehicle Ope	erating As Class		Unit Type TRUCK			
	Unit IN T				erating As Class		TRUCK	Endorsements		
	Unit IN T Vehi	Status FRANSIT	TRUCK		erating As Class		TRUCK	: Endorsements		
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01	Unit IN 7 Vehi UTI Tota 2	Status FRANSIT icle Type LITY TRUCK/PICKUP al Occs rance?	Train/Bus # Recorded	Total # Cita 1 Pre	erating As Classi tions Issued CrashTire Mark	Total Tra	TRUCK Operating As illers	Total HazMat Types 0 Total Lanes 2		
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		Towed Due To Damage	-	Vehicle Removed By							
		TOWED DUE TO DISABL	ING DAMAGE	MIKES TOWING							
		What Driver Was Doing		Vehicle Factors							
		NEGOTIATING CURVE									
		Driver Prior Action Other		BRAKES	BRAKES						
		Driver Actions	Driver Actions								
	ш	OPERATED MOTOR VEH	HICLE IN INATTENTIVE,	CARELESS OR ERRATION	C MANNER						
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LNO	¥										
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	_										
		Owner Name		Owner Address							
		ANTHONY ADAM TRYNZ	OLYN		W2749 HWY 12 & 16						
5	2	(608) 432-3312		LYNDON STATION, WI 53944 , US							
	9	Sequence Of Events									
		Event									
	9	CROSS CENTERLINE									
	01	Event									
	02	RUN OFF ROADWAY LE	FT								
	m	Event									
	03	DITCH									
	4	Event									
	9	TREE									
_		Policy Holder									
LIND		Insurance Company		Individual							
\supset		SENTRY-INS-A-MUTUAL	CO		ANTHONY TRYNZOLYN						
		Individual									
		Driver		Citations Issued	Sex						
		ANTHONY ADAM TRYNZ	OLYN	1	MALE						
	¥	(608) 432-3312		Date of Birth	Race						
_	\geq			Date of Direct							
TNO D	INDINIDUAL	Address		Driver License Number	_						
⊃	ቯ	W2749 HWY 12 & 16			STATE MISSONIAN SOUNTRY UNITED STATES						
	=	LYNDON STATION, WI 53	3944 . US	STATE: WISCONSIN COUNTRY: UNITED STATES							
			,	STATE. WISCONSII							
			,	STATE. WISCONSII							
	_	On Dut		Safety Equipment							
	Sat	On Duty									
	Sat	fety Equipment Row			BELT						
	Sat	fety Equipment	y Crash	Safety Equipment	BELT						
	Sat	fety Equipment Row	y Crash Seat Position	Safety Equipment	BELT						
	Sat	Row 01 - FRONT ROW Helmet Use	y Crash Seat Position	Safety Equipment SHOULDER & LAP	BELT						
	Sat	Row 01 - FRONT ROW	y Crash Seat Position	Safety Equipment SHOULDER & LAP	BELT						
	Sat	Row 01 - FRONT ROW Helmet Use Eye Protection	y Crash Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	BELT						
01		Row 01 - FRONT ROW Helmet Use Eye Protection	y Crash Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag	BELT						
01	Sat	Row 01 - FRONT ROW Helmet Use Eye Protection Injury S POSS	Seat Position 07 - LEFT Severity IBLE INJURY	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance							
01		Row 01 - FRONT ROW Helmet Use Eye Protection Injury S POSS	Seat Position 07 - LEFT Severity IBLE INJURY Ejection Path	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated						
10		Row 01 - FRONT ROW Helmet Use Eye Protection Injury POSSI Ejected NOT EJECTED	Seat Position 07 - LEFT Severity IBLE INJURY	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated NOT TRAPPED						
10		Row 01 - FRONT ROW Helmet Use Eye Protection Injury POSS Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT Severity IBLE INJURY Ejection Path	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated						
01		Row 01 - FRONT ROW Helmet Use Eye Protection Injury Poss Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Seat Position 07 - LEFT Severity IBLE INJURY Ejection Path	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier	Trapped/Extricated NOT TRAPPED EMS Run #						
01		Row 01 - FRONT ROW Helmet Use Eye Protection Injury POSS Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT Severity IBLE INJURY Ejection Path	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated NOT TRAPPED						
01		Row 01 - FRONT ROW Helmet Use Eye Protection Injury POSS Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT Severity IBLE INJURY Ejection Path NOT EJECTED/NOT AI	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death	Trapped/Extricated NOT TRAPPED EMS Run #						
10		Row 01 - FRONT ROW Helmet Use Eye Protection Injury S POSSI Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT Severity IBLE INJURY Ejection Path NOT EJECTED/NOT AI	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death	Trapped/Extricated NOT TRAPPED EMS Run #						
01		Row 01 - FRONT ROW Helmet Use Eye Protection Injury POSS Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT Severity IBLE INJURY Ejection Path NOT EJECTED/NOT AI	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death	Trapped/Extricated NOT TRAPPED EMS Run #						

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		Non Motorist	Striking	Unit #	Location					
		Prior Action			1					
LIND	INDIVIDUAL	Action								
	N Q N	Action Other							To/From School	
		Action Other							TO/FIGHT SCHOOL	
	1	Drug & Alcohol	Suspecto NO	ed Alcohol U	Jse	Suspected Drug Use NO			I	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
5	00	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	I	Individual								
		Passenger JOSHUA TAYLOR FRANK				Citations Issued		Sex		
	AL	(608) 415-1068				Date of Birth		MALE Race		
╘	<u>آ</u>							WHITE		
LINO	INDIVIDUAL	Address 111 BENDER ST ROCK SPRINGS, WI 53961, US				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	fety Equipment	On Duty	Crash		Safety Equipment				
		Row 01 - FRONT ROW	Seat Position							
		Helmet Use			Helmet Compliance					
		Eye Protection				Tint Compliance				
5	002	Injury Severity POSSIBLE INJUR		Airbag RY NON DEPLOYED						
		Ejected	1 0001	Ejection Pa	th	NON DEL COTED		Trapped/Extricated		
		NOT EJECTED NOT EJECTED/NOT APP						NOT TRAPPED		
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier EMS Run #				
		Hospital				Date of Death		Time of Death		
		Distracted By	Distracte	ed By Source	9	• 		<u> </u>		
		Distracted By Action								
		Non Motorist	Striking	Unit #	Location					

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Crash Date 07/26/2020

Crash Time 11:55 AM

		Prior Action						
		Action						
	7							
l⊨	INDIVIDUAL							
LIND	₹							
		Action Other						To/From School
			C	h-III	I Corrected Develop			
	1	Drug & Alcohol	Suspected Alco	onoi Use	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type	-		Alcohol Test Results	
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results		
		TEST NOT GIVEN		Drug Test Type		Drug Test Results	•	
2	002	Drug Type				•		
		Individual Condition						
		APPEARED NORM	MAL					
	,	Violations						
	5	UTC Number BG024039	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIV	ING		
	0	DGU24039	001					