

6TL0D2XVN9

20-07854

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 20-07854		Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 08/08/2020		Crash Time 12:31 AM		Date Arrived 08/08/2020		Time Arrived 10:20 AM	
Date Notified 08/08/2020		Time Notified 09:55 AM		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

Location

ON HICKORY RD 83 FT E OF STH23 EB IN THE TOWN OF FRANKLIN IN SAUK COUNTY		Latitude 43.33294548	Longitude -90.0614233	Lat/LongSource TLT/ILT	Access Control
		X Coordinate 251812.9375	Y Coordinate 4802341.5	On Roadway Link ID# 4557279	On Roadway Link Offset 83
		Override <input type="checkbox"/>	Tribal Land		Structure Type

Crash Scene

First Harmful Event TRAFFIC SIGN POST		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		Environment Factor(s) NONE	
Roadway 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

01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
UNIT	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
01	Most Harmful Event: Collision With TRAFFIC SIGN POST		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					

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01 UNIT INDIVIDUAL	Role DRIVER		Citations Issued 1	<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
	Last Name YANKE		First Name MICHAEL		Middle Initial CHRISTOPHE	Suffix		
	Street Address E5772 LELAND RD		Street Address 2		PO Box			
	City LOGANVILLE		State WI	Zip Code 53943		Country of Residence UNITED STATES		
	DOB	Sex M	Race W	Hair BROWN	Eyes BROWN	Height 508	Weight 160	Phone Number (608) 415-9324 EXT.
	Driver's License Number		State WI	License Jurisdiction STATE		Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2022			
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
01 UNIT INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action NOT DISTRACTED							
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other					
	Drug & Alcoh	Individual Condition NOT OBSERVED						
	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								
License Plate Number SA7555		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES				
Vehicle Identification Number 1GCEK19J08Z297165			Year 2008	Make CHEVROLET				
Model SILVERADO		Body Style PK - PICKUP		Color BLK - BLACK				
Initial Contact Point 02 - RIGHT SIDE FRONT								

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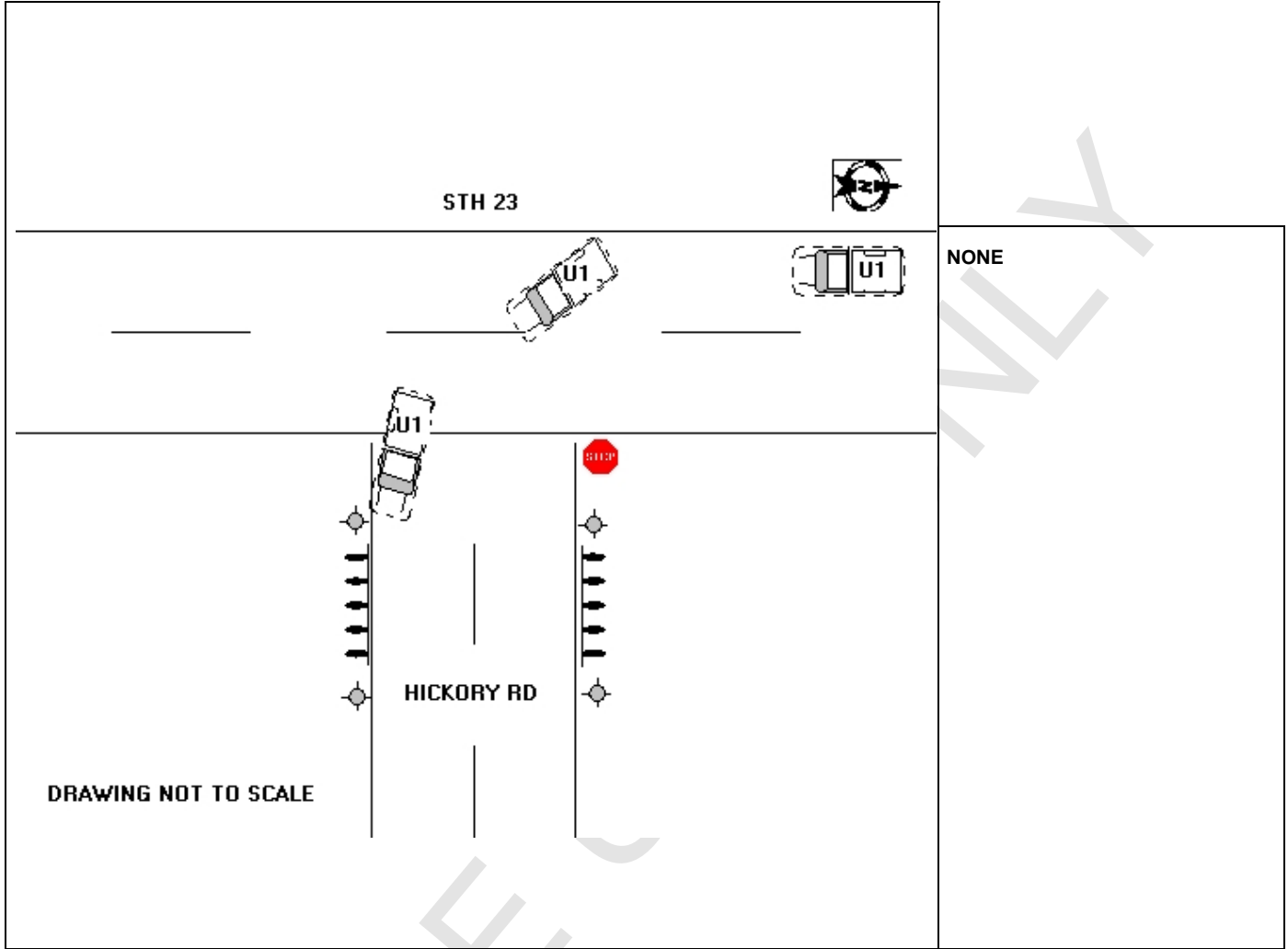
UNIT VEHICLE	01 01		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		03 - RIGHT SIDE MIDDLE		
	Towed Due To Damage NOT TOWED		Vehicle Factors		
	Vehicle Removed By OPERATOR		NOT APPLICABLE		
	What Driver Was Doing LEFT TURN		Driver Prior Action Other	Bus Use	
	Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY, OTHER CONTRIBUTING ACTION				
	<input type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL		Company Name		
	Last Name YANKE	First Name PAUL	Middle F	Suffix Date of Birth	
	Street Address E5772 LELAND RD	Street Address2	PO Box		
City LOGANVILLE	St WI	Zip Code 53943	Country of Residence UNITED STATES		
Telephone Number (608) 588-4720 EXT.					
01	01	Event TRAFFIC SIGN POST			
02	02	Event BRIDGE RAIL			
03	03	Event			
04	04	Event			
UNIT HOL	01	UTC Number BG024550	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING
	01	Insurance Company RURAL MUTUAL		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver
		Organization Type INDIVIDUAL	Last Name YANKE	First Name PAUL	Policy Holder Company

Description

Diagram

Reconstruction By
Photos By
Additional Information

Wisconsin Motor Vehicle
Crash Report



Narrative
UNIT 1 WAS TRAVELING E/B ON HICKORY RD AFTER JUST COMPLETING A LEFT TURN FROM STH 23. UNIT 1 LEFT THE ROADWAY AND ENTERED THE E/B DITCH OF HICKORY RD. UNIT 1 THEN STRUCK A SIGN POST AND THE BRIDGE RAIL. AFTER IMPACT UNIT 1 LEFT THE SCENE AND TRAVELED APPROXIMATELY ONE MILE BEFORE COMING TO REST IN A PRIVATE DRIVEWAY. OPERATOR OF UNIT 1 STATED THAT HE FELL ASLEEP AFTER MAKING THE TURN ONTO HICKORY RD.

Signature _____

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

Law Enforcement Agency _____

Agency Space 20-07854				
Officer Rank DEP	Officer Last Name SCHLOUGH	Officer First Name BRIAN	Officer Middle Name D	Suffix
DOT Officer ID 9102		DNR Officer ID	Officer Badge Number 9102	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City		LEA State	Law Enforcement Agency Zip Code	

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BARABOO	WI	53913	
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205

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