

6TL0D2XVN8

20-07849

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 20-07849, Investigating Officer/Deputy DEPUTY B. SCHLOUGH, Crash Date 08/08/2020, Crash Time 07:43 AM, Date Arrived 08/08/2020, Time Arrived 07:48 AM, Date Notified 08/08/2020, Time Notified 07:45 AM, Total Units 01, Total Injured 01, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type DT4000 (STANDARD CRASH), Amended, Secondary Crash

Location

ON STH23 EB 0.36 MI N OF ROLLING RIDGE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY, Latitude 43.23344878, Longitude -90.0677752, Lat/LongSource TLT/ILT, Access Control, X Coordinate 250891.9218, Y Coordinate 4791309.5, On Roadway Link ID# 5456628, On Roadway Link Offset 1876, Override, Tribal Land, Structure Type

Crash Scene

First Harmful Event DITCH, First Harmful Event Location SHOULDER RIGHT, Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT, Light Condition DAYLIGHT, 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

Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type PASSENGER CAR, Operating As Endorsements, Total Occs 1, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel SOUTHBOUND, Pre CrashTire Mark, Speed Limit 55, Total Lanes 2, Most Harmful Event: Collision With DITCH, 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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UNIT INDIVIDUAL	01		01		Role DRIVER	Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
	Last Name ENO			First Name JON			Middle Initial MICHAEL	Suffix	
	Street Address S10947 HAZELNUT RD				Street Address 2			PO Box	
	City SPRING GREEN			State WI		Zip Code 53588		Country of Residence UNITED STATES	
	DOB	Sex M	Race W	Hair BLOND	Eyes BLUE	Height 510	Weight 123	Phone Number (608) 459-0377 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 2023		
	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					
UNIT INDIVIDUAL	Injury		Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-FRONT				
	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 OTHER ACTION (LOOKING AWAY FROM TASK)				Action Other				
	Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROO				Action Other				
	Drug & Alcoh		Individual Condition APPEARED NORMAL						
	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 ADK9526			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES			
Vehicle Identification Number 2HKRM4H70DH613474					Year 2013	Make HONDA			
Model CR-V EX-L			Body Style UT - SPORT UTILITY VEHICLE			Color GRY - GRAY			
Initial Contact Point 01 - RIGHT FRONT CORNER									

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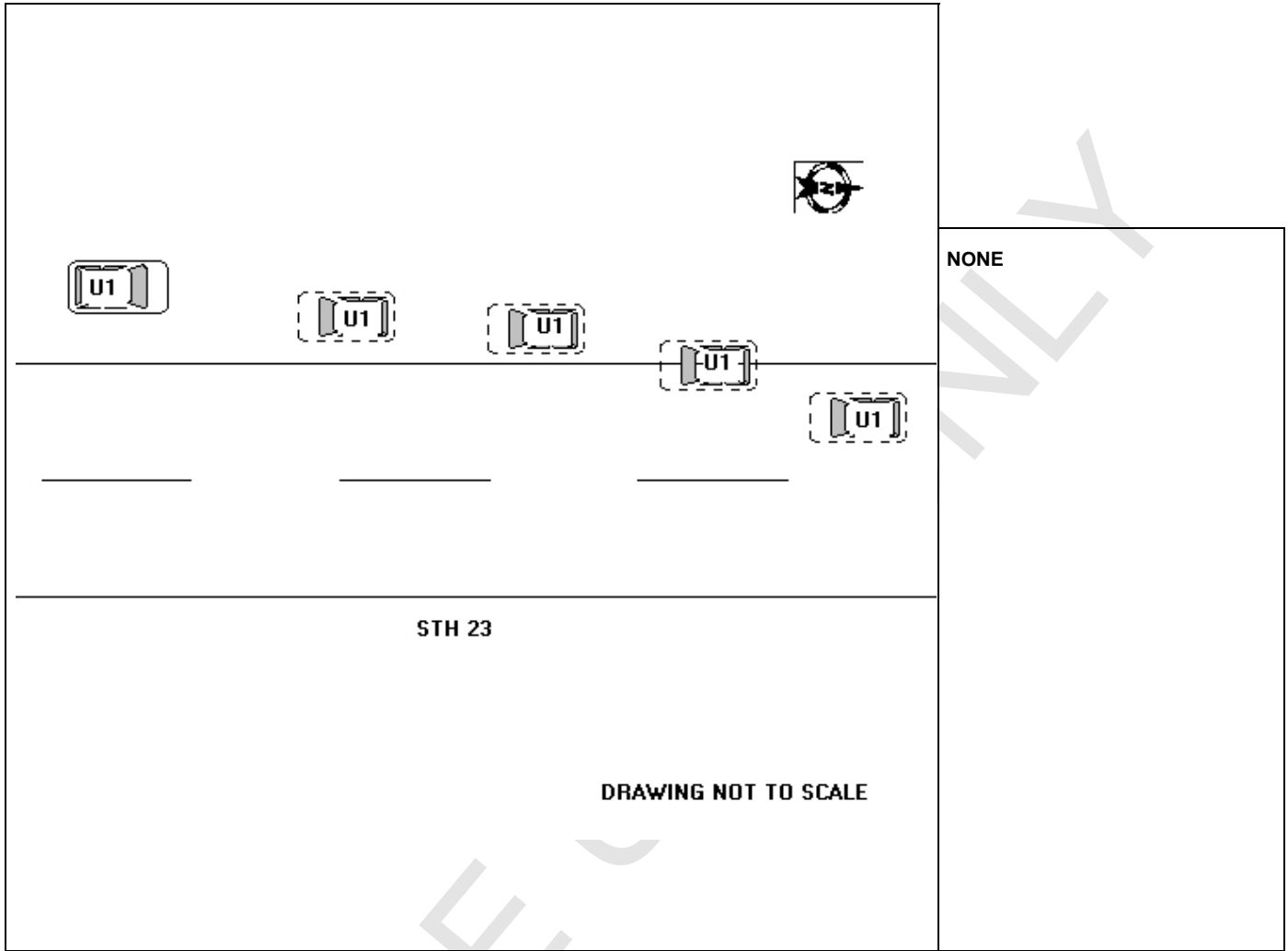
UNIT VEHICLE	01	Vehicle Damage				
	01	Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Factors			
		Vehicle Removed By GEORGES AUTO BODY	NOT APPLICABLE			
		What Driver Was Doing GOING STRAIGHT	Driver Prior Action Other	Bus Use		
		Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY				
		<input type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type INDIVIDUAL	Company Name			
		Last Name ENO	First Name DAWN	Middle M	Suffix	Date of Birth
		Street Address S10947 HAZELNUT RD	Street Address2	PO Box		
	City SPRING GREEN	St WI	Zip Code 53588	Country of Residence UNITED STATES		
	Telephone Number (608) 588-4720 EXT.					
	01	Event DITCH				
	02	Event				
	03	Event				
	04	Event				
UNIT HOL	01	Insurance Company AMERICAN-FAMILY-INS-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver		
		Organization Type INDIVIDUAL	Last Name ENO	First Name DAWN	Policy Holder Company	

Description

Diagram

Reconstruction By
Photos By
Additional Information

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Crash Report



UNIT 1 WAS TRAVELING S/B ON STH 23. UNIT 1 DRIFTED OF THE ROADWAY AND ENTERED THE S/B DITCH. UNIT 1 TRAVELED THROUGH THE S/B DITCH FOR APPROXIMATELY 75 YARDS AND THEN OVERTURNED. UNIT 1 CAME TO REST ON IT'S SIDE FACING NORTH. OPERATOR OF UNIT 1 STATED, "I TOOK MY EYES OFF THE ROAD TO GRAB A PIECE OF GUM."

Signature

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

Law Enforcement Agency

Agency Space 20-07849				
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 BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		

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