

6TL0C884FP

20-07946

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 20-07946	Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 08/10/2020		Crash Time 06:00 AM	Date Arrived 08/10/2020	Time Arrived 06:39 AM	
Date Notified 08/10/2020		Time Notified 06:05 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 STH23 WB 0.62 MI S OF LEONE DR IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.15284139	Longitude -90.0596868	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 251221.2187	Y Coordinate 4782333	On Roadway Link ID# 5454379	On Roadway Link Offset 2792
	Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Environment Factor(s) ANIMAL (S) IN ROADWAY	
Roadway Factor(s) NONE	Weather Condition(s) CLOUDY	
Animal Type DEER	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 01	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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> 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	Role DRIVER		Citations Issued 1	<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
	Last Name BEASLEY		First Name JERIMIAH		Middle Initial MALORD	Suffix		
	Street Address 625 JAMIE ST		Street Address 2		PO Box			
	City DODGEVILLE		State WI	Zip Code 53533		Country of Residence UNITED STATES		
	DOB	Sex M	Race B	Hair BLACK	Eyes BROWN	Height 600	Weight 150	Phone Number (608) 425-0261 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 2020			
	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 01	Injury	Injury Severity NO APPARENT INJURY		Airbag DEPLOYED-SIDE				
	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 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 ABK7587		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES			
Vehicle Identification Number 1FAHP37N79W110965				Year 2009	Make FORD			
Model FOCUS SEL		Body Style 4D - 4DR			Color SIL - SILVER (ALUMINUM)			
Initial Contact Point 10 - LEFT SIDE FRONT								

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UNIT VEHICLE	01	Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT		
	01	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Factors		
	01	Vehicle Removed By GEORGES AUTO BODY		NOT APPLICABLE		
	01	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other	Bus Use	
	01	Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY				
	01	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
	01	Organization Type INDIVIDUAL	Company Name			
	01	Last Name BEASLEY	First Name JERIMIAH	Middle MALORD	Suffix	Date of Birth
	01	Street Address 625 JAMIE ST	Street Address2		PO Box	
	01	City DODGEVILLE	St WI	Zip Code 53533	Country of Residence UNITED STATES	
01	Telephone Number (608) 425-0261 EXT.					
01	01	Event DITCH				
01	02	Event				
01	03	Event				
01	04	Event				
01	01	UTC Number BD759427	Issue To? 001	Statute Number 341.04(1)	Description NON-REGISTRATION OF AUTO, ETC	
01	01	Insurance Company INTEGRITY-PROPERTY-AND-CASUALTY-INSURAN		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver	
HOL	01	Organization Type INDIVIDUAL	Last Name BEASLEY	First Name JERIMIAH	Policy Holder Company	

Description

Diagram

Reconstruction By
Photos By
Additional Information

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Not To Scale

USH 14

NONE

ON 08-10-20 VEHICLE WAS NORTHBOUND ON USH 14. OPERATOR SWERVED TO AVOID HITTING A DEER AND WENT INTO THE WEST DITCH LINE. NO INJURIES REPORTED.

Signature

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

Law Enforcement Agency

Agency Space 20-07946				
Officer Rank DEP	Officer Last Name SUTHERLAND	Officer First Name T	Officer Middle Name	Suffix
DOT Officer ID 9195		DNR Officer ID	Officer Badge Number 9195	
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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