Wisconsin Motor Vehicle Crash Report

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

Ī	Document Number Override Primary Crash Document #			Agency Crash Number 20-07982			er	Investigating Officer/Deputy DEPUTY I. GALVAN											
>	Crash Date 08/11/2020		Crash Tim				Date Arriv			Time Arrived 01:33 AM									
ľ	Date Notified		Time Notif	fied		-	Total Unit	:S		Total Injured	Total Kille	d A							
XQZ	08/11/2020			01:00 AM			01			00	00	1							
I LU9X	On Emergen	ncy	Hit and Run		Lane (Work 2	Zone	Trailer or To	owed		Reportin Threshol						
ا ا	Govern Prope		Activ	ve Schoo	I Zone		School Bi	us Related		Tags									
	✓ Reportable		Crash Typ DT4000		STANDARD CRASH)					Amended	Amended		Secondary Crash						
ı	Location																		
	ON OLD IRONTON RD 906 FT W					Latitud	de 3 958840	Longitud		_at/LongSource ΓLT/ILT	Acc	Access Control							
	OF STH33 FR			X Coordinate		Y Coord	inate C	On Roadway Link ID#		On Roadway Link Offset									
	IN SAUK COUNTY				254674.875		482521 Tribal La		5025574		906 Structure Type								
					Over	ride					STRUC								
(Crash Scene					F:	lawa (1.5	unat l											
	First Harmful Event	t						ent Locatio	n										
ļ	DITCH Manner of Collision						ULDER Condition	LEFI											
	00 - NO COLLIS		EHICLE IN TR	ANSPOR	RT.		K/UNLIT												
ŀ	Road Surface Cond				• •		onment Fa												
	DRY	RY						NONE											
Roadway Factor(s)					Weather Condition(s)														
	NONE					CLEAR													
	Animal Type						Relation To Trafficway TRAFFICWAY - ON ROAD												
ŀ	Crash Classification	n - Location	n		X		_	ation - Juriso											
	PUBLIC PROPE					NO S	PECIAL	JURISDI											
Tribal Land						s Control	L	Spe	cial Study										
	Within Interchange NO	Area	Junction Locat					tersection T OT AN IN	, , 	ION									
L		.,																	
_	Jnit Summary Unit Status	У		\/ab!-!	Onorell	a A a C	loogifis - t'	n .	Unit Tyre										
L	HIT AND RUN D CLASS					g As Classification			Unit Type AUTOMOBILE										
	Vehicle Type PASSENGER CAR								·	Operating As Endorsements									
	Total Occs 1	Train/Bus # Record		orded Total # Citations Is 3		Issued		Total Tra		Total HazMat Types 0									
	Insurance? UNKNOWN	Direction WESTB		Pre CrashTir Mark				Speed Li	mit	Total Lanes 2									
O	Most Harmful Even DITCH	nt: Collision	With		Function PECIAL		TION			ncy Motor Vehicle Use PPLICABLE	e								
Ī	Traffic Way TWO-WAY, NOT	T DIVIDE		Traffic C	Control ONTROL				Traffic Control Inoperative/Missing NO										
	Surface Type BLACKTOP (BI	TUMINOL	JS)	Road Co	urvature GHT				Road Grade LEVEL										
Truck Bus or HazMat																			

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_		Role DRIVER			Citations Issued 3	_ OSC DITTO		Individual Type INDIVIDUAL					
0	01	Last Name AUSTIN			First Name JAMES			Middle Init	tial	Suffix			
		Street Address W1123 ARBOR LF	K E		Street Address 2			PO Box					
_	JAL	City LYNDON STATION	N		State Zip Code 53944				Country of Residence UNITED STATES				
Ž S	INDIVIDUAL	DOB	Sex M	Race W	Hair BLOND	Eyes BLUE		Height 510	Weight 160		Number 515-5203 EXT.		
	IND	Driver's License Num	ber		State WI		License Ju STATE	UNITED	ntry of Issuance FED STATES				
		License Type NON-CDL DRIVER	R'S LICENSI	≣	License Status SUSPENDED DL Expire Year								
		Equipment	On Duty Acc		Safety Equipment								
		Row 01 - FRONT ROW		Seat Position 07 - LEFT	RESTRAINT U	SE UN	IKNOWN						
	01	Helmet Use	Helmet Compliance										
F		Eye Protection			Tint Compliance								
	Г	Injury NO APPARENT INJURY			Airbag NOT APPLICABLE								
⊨	DUA	Ejected NOT APPLICABLE	E		REJECTION Path NOT EJECTED/NOT APPLICA Trapped/Extricated NOT APPLICABLE								
5	INDIVIDUAL	MedicalTransport NOT TRANSPORT	ΓED		EMS Agency Iden	tifier	EMS Run #						
	2	Hospital			Date of Death			Time of De	ime of Death				
		Non Motorist	Striking Unit	#	Location			To/FromSo	chool				
	1	Prior Action			Action								
	01	Distracted By Action NOT DISTRACTED	D										
		Distracted By Source NOT APPLICABLE	Action Other										
		Drug & Alcoh	Individual Co										
	JAL	Suspected Alcohol Us	se		Suspected Drug Use								
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol Te	est Resul	ts		
	IND	Drug Test Given TEST NOT GIVEN Drug Test Type			Drug Test Result					Results			
		Drug Type											
		License Plate Numbe	r		Plate Type			St Co	untry of Issu	Jance			
		Vehicle Identification 1FTYR10U31TA64			l			Year Ma	ke PRD				
		Model			Body Style	Body Style Co				olor			
		RANGER Initial Contact Point		2D - 2DR WHI - WHITE									
		00 - NON-COLLIS											

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Crash Date 08/11/2020

Crash Time 12:58 AM

					Vehicle Damage							
01	7	NO DAMAGE				00 - NO DAMAGE						
	, and the second			Vehicle Factors								
	NOT TOWED Vehicle Removed By OPERATOR											
				TIRES								
		What Driver Was Doi	Driver Prior Action Other Bus Use									
LINO	Driver Actions EXCEED SPEED LIMIT, OVER-CORRECTING/OVE					ER-STEERING						
		Vehicle Owne	r Same As O _l	perator			Use Op	erator Add	ress			
		Organization Type INDIVIDUAL		Com	pany Name	Э						
		Last Name STEELE			Name HARD			Middle Suffix Date of A		Date of Birth	irth	
		Street Address S950 BRICHWOO	D RD	Stree	et Address2	2		PO Box				
		City WISCONSIN DEL	LS	St WI				Country of Residence UNITED STATES				
	Telephone Number (000) 000-0000 EXT.											
	5 Event DITCH											
	02	OTHER FIXED OBJECT										
	Event											
	04	Event										
01	10	UTC Number AE757693	Issue To?	Statute Nu 346.69	ımber	Descriptio HIT AND	n D RUN-PROF	PERTY ADJ	ACENT	TO HIGHWAY		
01	02	UTC Number AE757694	Issue To?	Statute Nu 343.44(1	ımber)(a)	Description OPERATING WHILE SUSPENDED						
01	03	UTC Number AE757695	Issue To?	Statute Nu 341.04(1		Description NON-REGISTRATION OF AUTO, ETC						
ĺ	Proj	perty Owner			•							
PROP 01	JAN	Individual JAMIE ROBERT HAAG (608) 547-8224				Address E5455 OLD IRONTON RD # 1 REEDSBURG, WI 53959 , US						
	Fixe	ed Objects Stru	ıck									
	10		ruck Object THER FIXED	OBJECT					Str	ıcture Number	Damage Tag Number 000	
	Des	cription										
	Diag	-								Reconstructi	on By	_

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Photos By	
OLD IRONTON ROAD Additional Information NONE	
CORNFIELD	
NOT TO SCALE	
Narrative UNIT 1 WAS OPERATING WESTBOUND ON OLD IRONTON ROAD APPROXIMATELY .5 MILE WEST OF STH 33. UNIT 1 LOST CONTROL, LEFT ROADWAY A CORNFIELD. OPERATOR OF UNIT 1 LEFT THE SCENE AND DID NOT NOTIFY THE POLICE OF AN ACCIDENT. UNIT 1 REPORTED NO INJURIES OR DAN THE VEHICLE. UNIT 1 OPERATOR DID NOT HAVE A VALID LICENSE. UNIT 1 WAS CITED FOR HIT AND RUN PROPERTY ADJACENT TO HIGHWAY, OPERATOR SUSPENSION AND NON REGISTRATION OF THE VEHICLE.	AGE TO
Signature	
I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
Agency Space	
Officer Rank Officer Last Name Officer First Name Officer Middle Name Suffix DEP GALVAN ISAAC	

DOT Officer ID Officer Badge Number DNR Officer ID 9131 9131 Officer EMail Law Enforcement Agency Jurisdiction Local Agency Number Law Enforcement Agency type **COUNTY SHERIFF** Law Enforcement Agency Name TAS Agency Name SAUK COUNTY SHERIFFS DEPARTMEN **SAUK COUNTY SHERIFF** Law Enforcement Agency Street Address Law Enforcement Agency Street Address2 1300 LANGE COURT

Law Enforcement Agency City

LEA State

Law Enforcement Agency Zip Code

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

Wisconsin Motor Vehicle Crash Form DT4000 Crash Date **08/11/2020**Crash Time **12:58 AM**