

6TL0C884FS

20-10085

Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABO, WI 53913
(608) 356-4895

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Document Number Override		Primary Crash Document #		Agency Crash Number 20-10085		Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 08/14/2020		Crash Time 02:45 PM		Date Arrived 08/14/2020		Time Arrived 03:08 PM	
Date Notified 08/14/2020		Time Notified 02:50 PM		Total Units 01		Total Injured 01	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 EB 0.43 MI S OF CTHWC NB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY		Latitude 43.21255708	Longitude -90.0762471	Lat/LongSource TLT/ILT	Access Control		
		X Coordinate 250118.5468	Y Coordinate 4789014.5	On Roadway Link ID# 4558175	On Roadway Link Offset 3076		
		Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE		

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 - NOT 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 AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
UNIT	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<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	
01	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

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01 UNIT INDIVIDUAL	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name MINOR		First Name ALEXANDER		Middle Initial Q	Suffix		
	Street Address 885 YALE CT		Street Address 2		PO Box			
	City DUBUQUE		State IA	Zip Code 52001	Country of Residence UNITED STATES			
	DOB	Sex M	Race W	Hair BALD	Eyes HAZEL	Height 600	Weight 270	Phone Number (608) 563-8328 EXT.
	Driver's License Number		State IA	License Jurisdiction STATE		Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2024			
	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 POSSIBLE INJURY		Airbag DEPLOYED-COMBINATION				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport EMS GROUND		EMS Agency Identifier 531		EMS Run #			
	Hospital SAUK PRAIRIE HOSP		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 ILL (SICK), FAINTED						
	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 JCS567		Plate Type AUT - AUTOMOBILE		St IA	Country of Issuance UNITED STATES			
Vehicle Identification Number KNDPMCAC2H7065271				Year 2017	Make KIA MOTORS CORPORATION			
Model SPORTAGE		Body Style 4D - 4DR			Color SIL - SILVER (ALUMINUM)			
Initial Contact Point 12 - FRONT								

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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 WEGNERS	NOT APPLICABLE	
		What Driver Was Doing NEGOTIATING CURVE	Driver Prior Action Other	Bus Use
		Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY		
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator	<input checked="" type="checkbox"/> Use Operator Address	
		Organization Type INDIVIDUAL	Company Name	
		Last Name MINOR	First Name ALEXANDER	Middle Q Suffix Date of Birth
		Street Address 885 YALE CT	Street Address2	PO Box
	City DUBUQUE	St IA Zip Code 52001	Country of Residence UNITED STATES	
	Telephone Number (608) 563-8328 EXT.			
	01	Event DITCH		
	02	Event		
	03	Event		
	04	Event		
UNIT HOL	01	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver
		Organization Type INDIVIDUAL	Last Name MINOR	First Name ALEXANDER Policy Holder Company

Description

Diagram

Reconstruction By
Photos By
Additional Information

STH 23

Not To Scale

NONE

ON 08-14-20 VEHICLE WAS TRAVELING SOUTH ON STH 23. VEHICLE WENT INTO WEST DITCH LINE BEHIND THE GUARDRAIL FOR 25 YARDS AND CAME TO REST 15 YARDS OFF THE ROAD. OPERATOR IS A DIABETIC AND POSSIBLY HAD A DIABETIC EPISODE.

Signature

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

Law Enforcement Agency

Agency Space 20-10085				
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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