6TL0D1PTK2

20-10343

Wisconsin Motor Vehicle Crash Report

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

	Document Number Override Primary Crash Document #				Agency (20-1034	Crash Number I 3	Investigating Officer/Deputy DEPUTY S. MESSNER						
K2	Crash Date					Date Arri			Time Arrived				
	08/22/2020 05:02 PM Date Notified Time Notified				08/22/2		05:15 PM Total Injured						
1 P	08/22/2020					Total Uni 01	ts		01	Total Kill 00	ea		
OD	On Emergency Hit and Run Lane C		Closı	ıre	Work Zo	ne	Trailer or Towe			Reporting Threshold			
6TL0D1PT	Government Property)	School B	us Related		Tags					
•	Reportable Crash Type DT4000 (STANDARD CR)						Secondary Crash	
l	Location												
	ON E BROADWAY/ STH136 WB				Latitude 43.47619507		Longitude -89.8898		t/LongSource	Acc	Access Control		
	OF EXCELSIOR					ordinate	Y Coordina		n Roadway Link ID#	≠ On	Roadwa	y Link Offset	
	IN SAUK COUN				266	273.6562			56431	310	-		
						Override Tribal Land						Structure Type NO STRUCTURE	
(Crash Scene							-					
	First Harmful Even	nt					vent Location						
	DITCH	_											
	Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT					t Condition /LIGHT							
	Road Surface Con					ronment F	actor(s)						
		lation(0)			2								
	DRY				NONE								
	Roadway Factor(s		Weather Condition(s)										
	NONE		CLE	CLEAR									
	Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD							
	Crash Classificatio	on - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPE						JURISDICT						
	Tribal Land					ess Control		Speci	al Study				
	Within Interchange	e Area	Junction Locat	ion		Ir	tersection Typ	e					
	NO		NON-JUNCT	ION		N	IOT AN INTE	RSECTIC					
	Closure Type					Reasons for Closure							
	LANE CLOSUR		Time Initia	I Lane/Road Close	od		NFORCEME	NT FIRE/	FMS				
	08/22/2020	load Closed		Time Initial Lane/Road Closed 05:14 PM				N, I II(L/					
	Oor Hart Hill DateAll Lanes Open Time All Lanes Open 08/22/2020 05:45 PM					Date Sce 08/22/2	ene Cleared		Time Scene Cleared 05:52 PM				
1	Unit Summar	'V											
	Unit Status	Vehicle Operation	ng As (Classificati	on	Unit Type TRUCK							
01	Vehicle Type	1				Operating As Endorsements							
5	Total Occs	1	Recorded				ied Total Traile		ers Total HazMat Typ				
				1		0 0			0				
UNIT	Insurance? Direction Of Travel Pre Crash YES WESTBOUND Mark Most Harmful Event: Collision With Special Function DITCH SPECIAL F							t	Total Lanes 2				
5					n . FUN				Emergency Motor Vehicle Use NOT APPLICABLE				

6TL0D1PTK2 20-10343

Wisconsin Motor Vehicle Crash Report

		ic Way D-WAY, NOT DIVID	ED	Traffic Control NO CONTROL				Traffic Control Inoperative/Missing				
	Surfa	ace Type ACKTOP (BITUMIN)		Road Curvature STRAIGHT	Road Grade UPHILL							
01	Truc NO	k Bus or HazMat	<u> </u>									
_		Role DRIVER			Citations Issued	Is Issued Use Driver			Individual Type INDIVIDUAL			
6	01	Last Name CRAGIN	First Name KALEB				Middle Initial Suffix K		Suffix			
		Street Address 302 W BROADWA	Street Address 2									
_	JAL	City ROCK SPRINGS			State WI				Country of Residence UNITED STATES			
UNIT	INDIVIDUAL	DOB	Sex M	Race W	Hair Eyes BROWN BLUE			Height 600		Weight Phone Number 181 (608) 269-3827 EXT.		
	IND	Driver's License Num	State WI				Country of Issuance UNITED STATES					
		License Type NON-CDL DRIVER	License Status VALID LICENSE				DL Expire Year 2023					
	01	Equipment	On Duty Acc	Safety Equipment								
		Row 01 - FRONT ROW	SHOULDER & LAP BELT									
		Helmet Use	Helmet Complia	nce								
		Eye Protection	Tint Compliance									
	_	Injury	Injury Severit POSSIBLE		Airbag NON DEPLO	YED						
UNIT	DIVIDUAL	Ejected NOT EJECTED			Ejection Path NOT EJECTE	PPLICA	Trapped/E					
5		MedicalTransport NOT TRANSPORT	EMS Agency Id	EMS Run #								
	N	Hospital	Date of Death			Time of Death						
		Non Motorist	Striking Unit	#	Location			To/FromSo	To/FromSchool			
	01	Prior Action			Action							
	0	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK										
		Distracted By Source OTHER DISTRAC	Action Other									
		Drug & Alcoh		ndition D NORMAL								
		Suspected Alcohol Us	se		Suspected Drug Use NO							

6TL0D1PTK2

20-10343

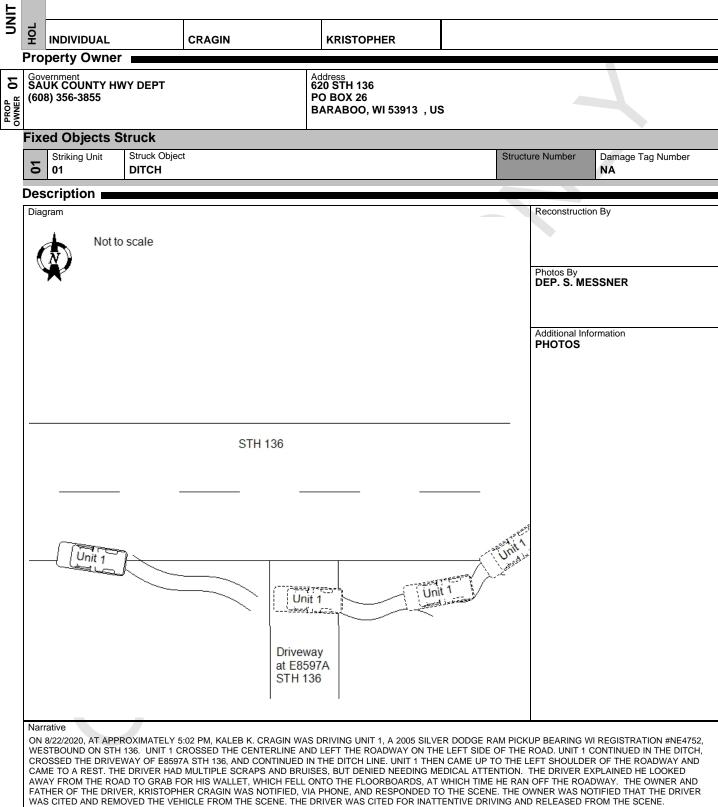
Wisconsin Motor Vehicle Crash Report

	AL												
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	A	Туре			4	Alcohol Test Results					
	INDI	Drug Test Given TEST NOT GIVEN	D	orug Test Ty	уре			[Drug Test Results				
		Drug Type											
		License Plate Number				Plate Type	St	Coun	try of Issuance				
		NE4752			L	TK - LIGHT TRUCK	WI		ED STATES				
		Vehicle Identification Nu 1D7HU18D95S19167				Year 2005	Make DOD						
	Model					Body Style		Color					
		RAM				PK - PICKUP		SIL -	SILVER (ALUMINUM)				
		Initial Contact Point	CF		١	/ehicle Damage							
_	_	14 - UNDERCARRIA Extent Of Damage	GE		1	12 - FRONT, 14 - UND	ERCARRIAG	E					
6	0	FUNCTIONAL DAMA	AGE										
		Towed Due To Damage			١	/ehicle Factors							
		NOT TOWED Vehicle Removed By			r								
		OWNER											
		What Driver Was Doing			0	Driver Prior Action Other		Bus L	Bus Use				
	ш	GOING STRAIGHT											
UNIT	VEHICLI	Driver Actions OTHER CONTRIBUT	FING ACTION										
		Vehicle Owner S	ame As Oper	ator		✔ Use Op	perator Addro	ess					
		Organization Type		Compa	any Name								
		INDIVIDUAL Last Name		First N	ame		Middle	Suffix	Date of Birth				
		CRAGIN			TOPHER		W	Cullix					
		Street Address 302 W BROADWAY		Street	Address2		PO Box						
		City		Zip Code		Country of R							
	ROCK SPRINGS WI 53961 Telephone Number						UNITED ST	TATES					
		(608) 269-3827 EXT.											
	01	Event CROSS CENTERLIN	E										
	02	Event DITCH											
	03	Event Event											
	04												
01	01			Statute Nun 346.89(1)	nber	Description INATTENTIVE DRIV	ING						
	0	Insurance Company STATE-FARM-GENE	RAL-INS-CO			Policy Holder Same As Own	er Po	licy Hold	er Same As Driver				
	L	Organization Type	Last Na	ame		First Name Policy Holder Company							

6TL0D1PTK2

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20-10343

Signature

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

Law Enforcen	nent Agenc	у 🗕										
Agency Space												
Officer Rank DEP	Officer Last Name MESSNER			Officer First Name STEVE			Officer Middle Name E		ime	Suffix		
DOT Officer ID DNR Officer ID 9134				er ID				Officer Badge Number 9134				
Officer EMail							•			$\mathbf{\nabla}$		
Local Agency Number Law Enforcement Agency Jurisd SAUK					sdiction			Law Enforcement Agency type COUNTY SHERIFF				
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN					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 BARABOO WI						Law Enforcement Agency Zip Code 53913						
Law Enforcement Agency Phone Number ORI Number (608) 356-4895 EXT. WI0570000						BFUNC Agency TraCS Agence 205			cy Number			