

6TL0CTJN08  
20-11425B

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 20-11425B	Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 09/22/2020		Crash Time 07:43 PM	Date Arrived 09/22/2020	Time Arrived 08:02 PM	
Date Notified 09/22/2020		Time Notified 07:45 PM	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 CTHPF EB 0.67 MI W OF ORCHARD RD IN THE TOWN OF FREEDOM IN SAUK COUNTY	Latitude 43.39116487	Longitude -89.9327699	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 262470.75	Y Coordinate 4808432.5	On Roadway Link ID# 4564944	On Roadway Link Offset 3533
	Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE

Crash Scene

First Harmful Event FENCE	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
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

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With FENCE		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 01 INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>			
	Last Name <b>MARSON</b>		First Name <b>DEREK</b>		Middle Initial <b>SCOTT</b>	Suffix		
	Street Address <b>301 KNIGHTSBRIDGE RD APT 3</b>		Street Address 2		PO Box			
	City <b>WAUNAKEE</b>		State <b>WI</b>	Zip Code <b>53597</b>	Country of Residence <b>UNITED STATES</b>			
	DOB [REDACTED]	Sex <b>M</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>GREEN</b>	Height <b>507</b>	Weight <b>210</b>	Phone Number <b>(608) 224-9868 EXT.</b>
	Driver's License Number [REDACTED]		State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2022</b>			
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
UNIT 01 INDIVIDUAL	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>				
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action <b>UNKNOWN</b>							
	Distracted By Source		Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>						
	Suspected Alcohol Use <b>YES</b>		Suspected Drug Use <b>YES</b>					
Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>		Alcohol Test Results <b>PENDING</b>				
Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>		Drug Test Results <b>PENDING</b>				
Drug Type								
License Plate Number <b>NP3961</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>				
Vehicle Identification Number <b>3GTU2NEC5JG486751</b>			Year <b>2018</b>	Make <b>GENERAL MOTORS CORP</b>				
Model <b>SIERRA</b>		Body Style <b>PK - PICKUP</b>		Color <b>BLK - BLACK</b>				
Initial Contact Point <b>12 - FRONT</b>								

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01	01	Extent Of Damage		Vehicle Damage		
		FUNCTIONAL DAMAGE		02 - RIGHT SIDE FRONT, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
01	VEHICLE	Towed Due To Damage		Vehicle Factors		
		TOWED BUT NOT DUE TO DISABLING DAMAG		NOT APPLICABLE		
01	VEHICLE	Vehicle Removed By		Driver Prior Action Other		
		STEVES AUTO SERVICE		Bus Use		
01	VEHICLE	What Driver Was Doing		Driver Actions		
		GOING STRAIGHT		OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER		
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type		Company Name		
		INDIVIDUAL				
		Last Name		First Name	Middle	Suffix
		MARSON		DEREK	SCOTT	
		Street Address		Street Address2		PO Box
		301 KNIGHTSBRIDGE RD APT 3				
		City	St	Zip Code	Country of Residence	
		WAUNAKEE	WI	53597	UNITED STATES	
		Telephone Number				
		(608) 224-9868 EXT.				
01	01	Event				
	02	FENCE				
	03	Event				
	04	Event				
01	HOL	Insurance Company		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver	
		PROGRESSIVE-CLASSIC-INS-CO				
		Organization Type	Last Name	First Name	Policy Holder Company	
		INDIVIDUAL	MARSON	DEREK		

Property Owner

01	PROP OWNER	Individual		Address		
		FLOYD MASON (608) 522-3678		E7935 CTH PF NORTH FREEDOM, WI 53951 , US		

Fixed Objects Struck

01	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	01	FENCE		

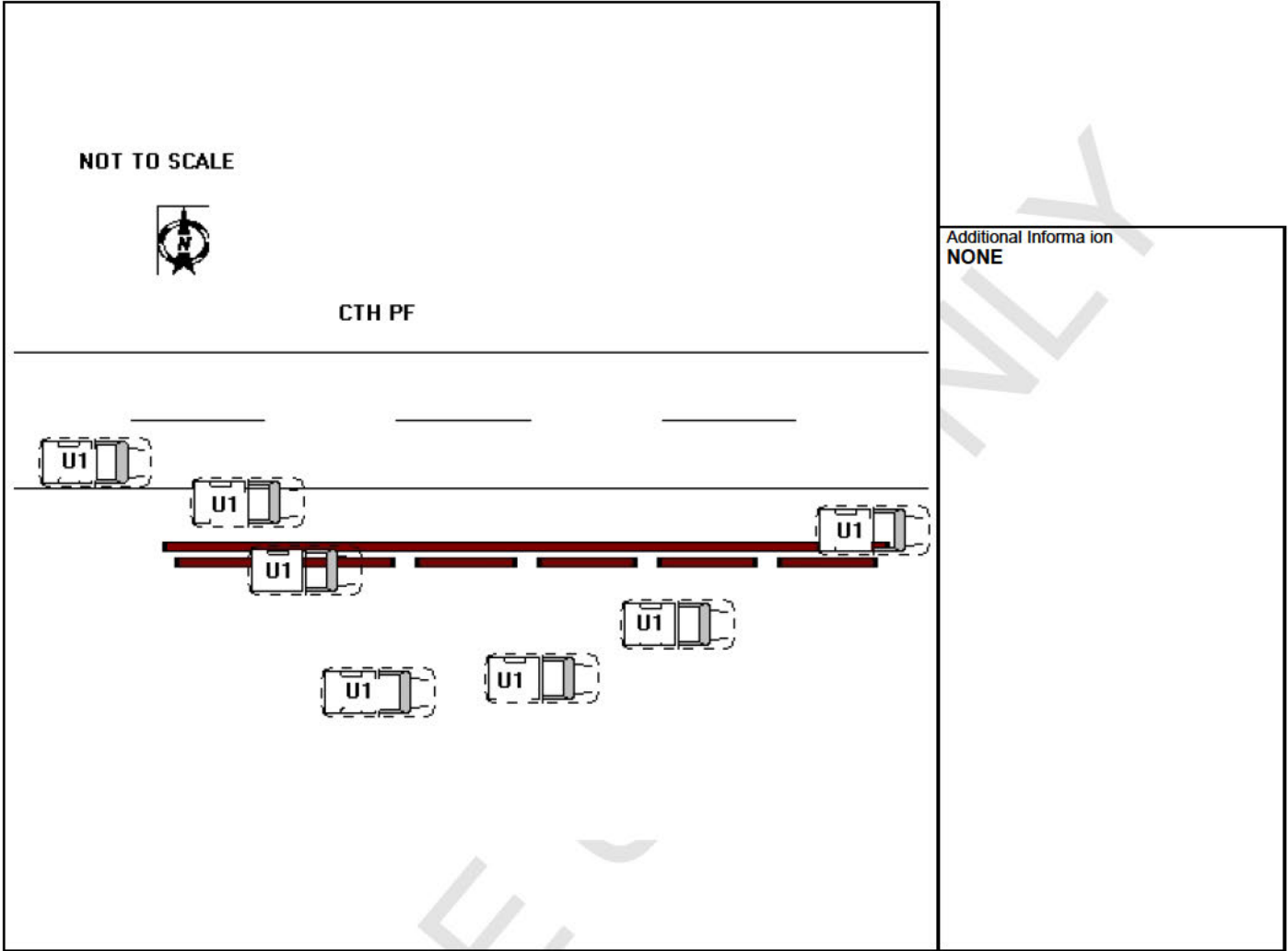
Description

Diagram

Reconstruction By
Photos By



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UNIT 1 WAS EAST BOUND ON CTH PF. UNIT 1 TURNED SOUTH AND WENT DOWN AN EMBANKMENT AND DROVE THROUGH A FENCE. UNIT 1 PROCEEDED TO DRIVE IN A FIELD THEN DROVE THROUGH THE FENCE AGAIN. UNIT 1 DAMAGED ABOUT 50 FT OF 4 WIRE FENCE.

**Signature** \_\_\_\_\_

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

**Law Enforcement Agency** \_\_\_\_\_

Agency Space				
Officer Rank <b>DEP</b>	Officer Last Name <b>KULAS</b>	Officer First Name <b>ANDREW</b>	Officer Middle Name	Suffix
DOT Officer ID <b>9139</b>		DNR Officer ID	Officer Badge Number <b>9139</b>	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPTMEN</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>			Law Enforcement Agency Street Address2	
Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>		

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