

6TL0BFKDDH
20-13693

Wisconsin Motor Vehicle
Crash Report

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

6TL0BFKDDH

| | | | | | | | |
|--|--------------------------------------|---|------------------------------------|---|--|--|--------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 20-13693 | | Investigating Officer/Deputy DEPUTY H. VOLZ | |
| Crash Date 12/12/2020 | | Crash Time 06:10 AM | | Date Arrived 12/12/2020 | | Time Arrived 07:15 AM | |
| Date Notified 12/12/2020 | | Time Notified 06:15 AM | | 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 CTHH NB 419 FT S OF DNR RD IN THE TOWN OF DELLONA IN SAUK COUNTY | | Latitude 43.62613249 | Longitude -89.9418980 | Lat/LongSource TLT/ILT | Access Control |
| | | X Coordinate 262654.75 | Y Coordinate 4834555.5 | On Roadway Link ID# 4556967 | On Roadway Link Offset 2145 |
| | | Override <input type="checkbox"/> | Tribal Land | | Structure Type |

Crash Scene

| | | | |
|---|-----------------------------------|--|---------------|
| First Harmful Event OTHER NON-COLLISION | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) WET, SNOW, SLUSH, ICE | | Environment Factor(s) WEATHER CONDITIONS | |
| Roadway Factor(s) NONE | | Weather Condition(s) CLOUDY, SNOW, SLEET/HAIL | |
| 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 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 NORTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | Total Lanes 2 | |
| 01 | Most Harmful Event: Collision With EMBANKMENT | | 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 0 | <input type="checkbox"/> Use Driver Address | Individual Type INDIVIDUAL | | | |
| | Last Name FISH | | First Name JEFFREY | | Middle Initial EUGENE | Suffix | | |
| | Street Address S7559 US HIGHWAY 12 # J-1 | | Street Address 2 | | PO Box | | | |
| | City NORTH FREEDOM | | State WI | Zip Code 53951 | Country of Residence UNITED STATES | | | |
| | DOB [REDACTED] | Sex M | Race W | Hair BROWN | Eyes HAZEL | Height 510 | Weight 330 | Phone Number (608) 370-9627 EXT. |
| | Driver's License Number [REDACTED] | | State WI | License Jurisdiction STATE | Country of Issuance UNITED STATES | | | |
| | License Type NON-CDL DRIVER'S LICENSE | | License Status VALID LICENSE | | DL Expire Year 2025 | | | |
| | 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 POSSIBLE INJURY | | Airbag NON DEPLOYED | | | | |
| | 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 NOT OBSERVED | | | | | | |
| | 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 AEP2676 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | | | | |
| Vehicle Identification Number 1FMYU94177KA28452 | | | Year 2007 | Make FORD | | | | |
| Model ECP | | Body Style 4D - 4DR | | Color SIL - SILVER (ALUMINUM) | | | | |
| Initial Contact Point 11 - LEFT FRONT CORNER | | | | | | | | |

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|------|---------|--|--|---|--|--|-----------------------------|
| 01 | 01 | Extent Of Damage FUNCTIONAL DAMAGE | | Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 12 - FRONT | | | |
| | | Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG | | Vehicle Factors NOT APPLICABLE | | | |
| | | Vehicle Removed By CRAIGS TOWING | | Driver Prior Action Other | | | |
| | | What Driver Was Doing GOING STRAIGHT | | Bus Use | | | |
| UNIT | VEHICLE | Driver Actions SPEED TOO FAST/COND | | | | | |
| | | <input checked="" type="checkbox"/> Vehicle Owner Same As Operator | | <input checked="" type="checkbox"/> Use Operator Address | | | |
| | | Organization Type INDIVIDUAL | | Company Name | | | |
| | | Last Name FISH | | First Name JEFFREY | Middle EUGENE | Suffix | Date of Birth [REDACTED] |
| | | Street Address S7559 US HIGHWAY 12 # J-1 | | Street Address2 | | PO Box | |
| | | City NORTH FREEDOM | | St WI | Zip Code 53951 | Country of Residence UNITED STATES | |
| | | Telephone Number (608) 370-9627 EXT. | | | | | |
| | | 01 | Event MOTOR VEH IN TRANSPORT | | | | |
| | | 02 | Event CROSS CENTERLINE | | | | |
| | | 03 | Event EMBANKMENT | | | | |
| 04 | Event | | | | | | |
| UNIT | HOL | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | | <input checked="" type="checkbox"/> Policy Holder Same As Owner | <input checked="" type="checkbox"/> Policy Holder Same As Driver | | |
| | | Organization Type INDIVIDUAL | Last Name FISH | First Name JEFFREY | Policy Holder Company | | |

Description





Diagram

| |
|------------------------|
| Reconstruction By |
| Photos By |
| Additional Information |

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| | | | |
|---|---|--|------|
| | CTH HH | Not To Scale | |
|  |  |  | NONE |
| |  | | |

UNIT 1 WAS TRAVELING NB ON CTH HH. UNIT 1 STRUCK A PATCH OF SNOW/SLUSH/ICE. UNIT 1 SPUN AROUND, CROSSED THE CENTERLINE AND ENTERED THE WEST EMBANKMENT AND CAME TO REST.

Signature _____

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

Law Enforcement Agency _____

| | | | | |
|--|---|--|---|--------|
| Agency Space 20-13693 | | | | |
| Officer Rank DEP | Officer Last Name VOLZ | Officer First Name HANNAH | Officer Middle Name M | Suffix |
| DOT Officer ID 9137 | DNR Officer ID | | Officer Badge Number 9137 | |
| Officer EMail | | | | |
| Local Agency Number | Law Enforcement Agency Jurisdiction SAUK | | Law Enforcement Agency type COUNTY SHERIFF | |
| Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMENT | | | 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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