

6TL0D0GSG5  
20-14167

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 20-14167		Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 12/19/2020		Crash Time 05:28 AM		Date Arrived 12/19/2020		Time Arrived 06:01 AM	
Date Notified 12/19/2020		Time Notified 05:32 AM		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	

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS N/B ON CTH K WHEN DRIVER STATES HE LOST CONTROL ON THE LEFT CURVE. HE STATED THE BACKEND OF THE CAR KICKED OUT AND HE THEN OVER CORRECTED. HE STATED THE CAR SPUN IN A 180 AND WENT INTO THE DITCH BACKWARDS AT WHICH TIME HE HIT A MAILBOX AND THEN A UTILITY POLE.

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Location

ON FULLER RD 12 FT E OF CTHK NB IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.594655749	Longitude -89.989220305
	X Coordinate 258710.828125	Y Coordinate 4831196
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET, ICE	Roadway Factor(s)  ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment 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 INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 2	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
	Most Harmful Event: Collision With MAILBOX	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 CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

01 UNIT VEHICLE	License Plate Number AKM1220	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G2ZG58N974199783	Make PONTIAC	Year 2007	Model G6/SE
	Color RED - RED	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 04 - RIGHT SIDE REAR	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR		

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE, OVER-CORRECTING/OVER-STEERING</b>			
01 01	Owner Name <b>ROSE M PRICE (608) 548-8365</b>		Owner Address <b>N5343 22ND AVE MAUSTON, WI 53948 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>RUN OFF ROADWAY RIGHT</b>		
	02	Event <b>MAILBOX</b>		
	03	Event <b>UTILITY POLE</b>		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>ROSE PRICE</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JUSTIN SCOT PRICE (608) 548-1168</b>		Citations Issued <b>2</b>	Sex <b>MALE</b>
	Address <b>N5343 22ND AVE MAUSTON, WI 53948 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
01 001	<b>Safety Equipment</b>		On Duty Crash	
	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	
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>		

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<b>UNIT</b> <b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Violations</b>					
<b>01</b>	UTC Number <b>BG023599</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(a)</b>	Description <b>OPERATING WHILE SUSPENDED</b>		
	UTC Number <b>BG023600</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>		
<b>Property Owner</b>						
<b>01</b> PROP OWNER	Individual <b>TONYA FULLER</b> (608) 524-2096			Address <b>S1397A CTH K</b> <b>REEDSBURG, WI 53959 , US</b>		
	<b>Fixed Objects Struck</b>					
<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>MAILBOX</b>			Structure Number	Damage Tag Number
	<b>Property Owner</b>					
<b>02</b> PROP OWNER	Organization/Company <b>ALLIANT ENERGY</b>			Address <b>4902 N BILTMORE</b> <b>MADISON, WI 53707 1077, US</b>		
	<b>Fixed Objects Struck</b>					
<b>02</b>	Striking Unit <b>01</b>	Struck Object <b>UTILITY POLE</b>			Structure Number	Damage Tag Number