

6TL0DBC3BR  
21-00552

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0DBC3BR

|  |                                      |   |                                    |                                  |   |   |                    |
|--|--------------------------------------|---|------------------------------------|----------------------------------|---|---|--------------------|
| Document Number Override                       |                                      | Primary Crash Document#                     |                                    | Agency Crash Number<br>21-00552  |   | Investigating Officer/Deputy<br>DEPUTY C. GALLAGHER |                    |
| Crash Date<br>01/18/2021                       |                                      | Crash Time<br>10:51 PM                      |                                    | Date Arrived<br>01/18/2021       |   | Time Arrived<br>11:10 PM                            |                    |
| Date Notified<br>01/18/2021                    |                                      | Time Notified<br>10:51 PM                   |                                    | Total Units<br>01                |   | Total Injured<br>00                                 | Total Killed<br>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<br>NO         |   | Tags  |                    |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br>DT4000 (STANDARD CRASH)       |                                    | <input type="checkbox"/> Amended |   | <input type="checkbox"/> Secondary Crash            |                    |

Description

|         |  |                                  |
|---------|--|----------------------------------|
| Diagram |  | Reconstruction By                |
|         |  | DEPUTY C. GALLAGHER              |
|         |  | Additional Information<br>PHOTOS |

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

UNIT 1 WAS TRAVELING WB ON CTH P IN THE AREA OF SIMPSON RD. UNIT 1 OBSERVED A DEER CROSSING THE ROADWAY. UNIT 1 SWERVED TO MISS THE DEER AND LOST CONTROL OF THE VEHICLE. UNIT 1 ENTERED THE WB DITCH AND STRUCK A MAILBOX AT E8635A CTH P.



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|   |   |   |  |
|---|---|---|--|
| UNIT<br>VEHICLE                               | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>     | Vehicle Removed By<br><b>CRAIGS TOWING</b>  |  |
|   | What Driver Was Doing<br><b>NEGOTIATING CURVE</b>               | Vehicle Factors   |  |
|   | Driver Prior Action Other                                       | <b>NOT APPLICABLE</b>   |  |
|   | Driver Actions<br><b>FAILURE TO CONTROL</b>                     |   |  |
| 01<br>01                                      | Owner Name<br><b>JCEE LEE CLINE<br/>(608) 415-0450</b>          | Owner Address<br><b>125 CENTER ST # A<br/>LA VALLE, WI 53941 , US</b>                 |  |
|   | <b>Sequence Of Events</b>                                       |   |  |
| 01<br>02<br>03<br>04                          | Event<br><b>MAILBOX</b>   |   |  |
|   | Event   |   |  |
|   | Event   |   |  |
|   | Event   |   |  |
| UNIT  | <b>Policy Holder</b>  |   |  |
|   | Insurance Company<br><b>GEICO-GENERAL-INS-CO</b>                | Individual<br><b>JCEE CLINE</b>   |  |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>   |   |  |
|   | Driver<br><b>JERRY LEE CLINE III<br/>(608) 415-7223</b>         | Citations Issued<br><b>1</b>  | Sex<br><b>MALE</b>                                 |
|   |   | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                               |
|   | Address<br><b>125 CENTER ST # A<br/>LA VALLE, WI 53941 , US</b> | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |
| 01<br>001                                     | <b>Safety Equipment</b>   |   | On Duty Crash                                      |
|   | Row<br><b>01 - FRONT ROW</b>                                    | Seat Position<br><b>07 - LEFT</b>   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |
|   | Helmet Use  |   | Helmet Compliance                                  |
|   | Eye Protection  |   | Tint Compliance                                    |
|   | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b>  | Airbag<br><b>NON DEPLOYED</b>                      |
|   | Ejected<br><b>NOT EJECTED</b>                                   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                                    | Trapped/Extricated<br><b>NOT TRAPPED</b>           |
| Medical Transport<br><b>NOT TRANSPORTED</b>   |   | EMS Agency Identifier   | EMS Run #  |
| Hospital                                      |   | Date of Death   | Time of Death                                      |
| <b>Distracted By</b>                          |   | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>                        |  |
| Distracted By Action<br><b>NOT DISTRACTED</b> |   |   |  |

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|   |  |                                 |   |   |                      |  |
|---|--|---------------------------------|---|---|----------------------|--|
| UNIT<br>INDIVIDUAL<br><br><br><br><br><br><br><br><br><br>01<br>001<br><br><br><br><br><br><br><br><br><br>01<br>01<br><br><br><br><br><br><br><br><br><br>01<br>01 | <b>Non Motorist</b>                                  |                                 | Striking Unit #   | Location  |                      |  |
|   | Prior Action   |                                 |   |   |                      |  |
|   | Action   |                                 |   |   |                      |  |
|   | Action Other   |                                 |   |   | To/From School       |  |
|   | <b>Drug &amp; Alcohol</b>                            |                                 | Suspected Alcohol Use<br>NO   | Suspected Drug Use<br>NO                                    |                      |  |
|   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>          |                                 | Alcohol Test Type   |   | Alcohol Test Results |  |
|   | Drug Test Given<br><b>TEST NOT GIVEN</b>             |                                 | Drug Test Type  |   | Drug Test Results    |  |
|   | Drug Type  |                                 |   |   |                      |  |
|   | Individual Condition<br><b>APPEARED NORMAL</b>       |                                 |   |   |                      |  |
|   | <b>Violations</b>                                    |                                 |   |   |                      |  |
| UTC Number<br><b>BG112710</b>   |  | Issue To?<br><b>001</b>         | Statute Number<br><b>346.57(2)</b>                                      | Description<br><b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b> |                      |  |
| <b>Property Owner</b>   |  |                                 |   |   |                      |  |
| PROP<br>OWNER   | Individual<br><b>SEAN P CROAKE</b><br>(920) 246-9220 |                                 | Address<br><b>E8635A CTH P</b><br><b>WISCONSIN DELLS, WI 53965 , US</b> |   |                      |  |
| <b>Fixed Objects Struck</b>   |  |                                 |   |   |                      |  |
| 01  | Striking Unit<br><b>01</b>                           | Struck Object<br><b>MAILBOX</b> |   | Structure Number  | Damage Tag Number    |  |