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21-02234

# 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<br><b>21-02234</b> |   | Investigating Officer/Deputy<br><b>DEPUTY B. MEARS</b> |                           |
| Crash Date<br><b>03/16/2021</b>                |                                      | Crash Time<br><b>05:30 AM</b>                |                                    | Date Arrived<br><b>03/16/2021</b>      |   | Time Arrived<br><b>10:09 AM</b>                        |                           |
| Date Notified<br><b>03/16/2021</b>             |                                      | Time Notified<br><b>10:09 AM</b>             |                                    | Total Units<br><b>01</b>               |   | Total Injured<br><b>00</b>                             | Total Killed<br><b>00</b> |
| <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><b>NO</b>        |   | Tags   |                           |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                    | <input type="checkbox"/> Amended       |   | <input type="checkbox"/> Secondary Crash               |                           |

## Description

|             |   |
|-------------|---|
| Diagram<br> | Reconstruction By                       |
|             | Photos By<br><b>DEPUTY MEARS</b>        |
|             | Additional Information<br><b>PHOTOS</b> |

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

OPERATOR WAS EB ON CTH H NEGOTIATING A LEFT HAND CURVE ON SNOW COVERED SLIPPERY ROADWAYS. OPERATOR STATED HE STARTED TO SLIDE ACROSS THE ROAD, HE TRIED TO STEER IT BACK INTO HIS LANE THEN IT SLID ACROSS THE WEST BOUND LANE AND WENT INTO THE NORTH SIDE DITCH WHERE IT STRUCK A MAILBOX. OPERATOR CONTACTED THE OWNER OF THE MAILBOX. HE THEN REQUESTED STEVES AUTO TOW IT, BUT HE WAS GOING TO GET A RIDE TO WORK. WHEN STEVES ARRIVED TO TOW IT, THEY HAD NOT BEEN TOLD BY THE OPERATOR THAT HE HAD STRUCK A MAILBOX. WHEN THEY GOT T BACK TO THE SHOP THEY NOTICED DAMAGE THEY BELIEVED MAY BE REPORTABLE AND CONTACTED THE SHERIFFS DEPT. AFTER TALKI NG WITH THE TOW SERVICE I MADE CONTACT WITH THE OPERATOR. HE WAS NOT INJURED AND SAID IT WAS DARK ND HE DID NOT REALIZE IT HAD SO MUCH DAMAGE. HE ALSO SAID HE DID NOT BELIEVE HE HAD TOLD THE TOW SERVICE THAT HE HAD STRUCK A MAILBOX. I ADVISED HIM TO CONTACT THE SHERIFFS DEPT IN THE FUTURE IF HE STRIKES ANYTHING ALONG THE ROADWAY.

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**Location**

|   |                                |                            |
|---|--------------------------------|----------------------------|
| ON CTHH EB<br>344 FT N<br>OF WILLOW CREEK RD<br>IN THE TOWN OF WINFIELD<br>IN SAUK COUNTY | Latitude<br>43.55823963        | Longitude<br>-89.972672379 |
|   | X Coordinate<br>259901.84375   | Y Coordinate<br>4827103.5  |
|   | Structure Type<br>NO STRUCTURE |                            |

**Crash Scene**

|  |   |   |
|--|---|---|
| First Harmful Event<br><b>MAILBOX</b>                                  | First Harmful Event Location<br><b>SHOULDER LEFT</b>                                |   |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DARK/UNLIT</b>  |   |
| Road Surface Condition(s)<br><b>WET, SNOW, SLUSH, ICE</b>              | Roadway Factor(s)<br><br><b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b> |   |
| Environment Factor(s)<br><b>WEATHER CONDITIONS</b>                     |   |   |
| Weather Condition(s)<br><b>CLOUDY</b>                                  |   |   |
| Animal Type  | Relation To Trafficway<br><b>TRAFFICWAY - NOT ON ROAD</b>                           |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b>               |   |
| Tribal Land  | Access Control<br><b>NO CONTROL</b>   | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                                   | Junction Location<br><b>NON-JUNCTION</b>  | Intersection Type<br><b>NOT AN INTERSECTION</b> |

**Unit Summary**

|                              |  |   |  |                            |  |  |
|------------------------------|--|---|--|----------------------------|--|--|
| <b>UNIT</b><br><br><b>01</b> | Unit Status<br><b>IN TRANSIT</b>                     |   | Vehicle Operating As Classification<br><b>D CLASS</b>          |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|                              | Vehicle Type<br><b>PASSENGER CAR</b>                 |   |  |                            | Operating As Endorsements                            |  |
|                              | Total Occs<br><b>1</b>                               | Train/Bus # Recorded                    | Total # Citations Issued<br><b>0</b>                           | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|                              | Insurance?<br><b>YES</b>                             | Direction Of Travel<br><b>EASTBOUND</b> | <input checked="" type="checkbox"/> <b>Pre Crash Tire Mark</b> | Speed Limit<br><b>45</b>   | Total Lanes<br><b>2</b>                              |  |
|                              | Most Harmful Event: Collision With<br><b>MAILBOX</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>                 |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|                              | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>           |   | Traffic Control<br><b>WARNING SIGN</b>                         |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|                              | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>         |   | Road Curvature<br><b>CURVE LEFT</b>                            |                            | Road Grade<br><b>DOWNHILL</b>                        |  |
|                              | Truck Bus or HazMat<br><b>NO</b>                     |   |  |                            |  |  |

**Vehicle**

|   |   |  |   |                     |   |  |
|---|---|--|---|---------------------|---|--|
| <b>UNIT</b><br><br><b>01</b><br><br><b>VEHICLE</b><br><br><b>01</b> | License Plate Number<br><b>AKT3265</b>                    |  | Plate Type<br><b>AUT - AUTOMOBILE</b>                         | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |  |
|   | Vehicle Identification Number<br><b>1ZVBP8AM1E5263996</b> |  | Make<br><b>FORD</b>   | Year<br><b>2014</b> | Model<br><b>MUSTANG</b>                     |  |
|   | Color<br><b>GRY - GRAY</b>                                |  | Body Style<br><b>CP - COUPE</b>                               |                     | Bus Use                                     |  |
|   | Initial Contact Point<br><b>11 - LEFT FRONT CORNER</b>    |  | Vehicle Damage  |                     |   |  |
|   | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>              |  | <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 13 - TOP</b> |                     |   |  |

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|   |  |   |  |  |                               |
|---|--|---|--|--|-------------------------------|
| UNIT<br>VEHICLE                             | Towed Due To Damage<br><b>TOWED BUT NOT DUE TO DISABLING DAMAG</b> |   | Vehicle Removed By<br><b>STEVES AUTO SERVICE</b> |  |                               |
|   | What Driver Was Doing<br><b>NEGOTIATING CURVE</b>                  |   | Vehicle Factors                                  |  |                               |
|   | Driver Prior Action Other  |   | <b>NOT APPLICABLE</b>                            |  |                               |
|   | Driver Actions<br><b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b>   |   |  |  |                               |
| 01  | 01   | Owner Name<br><b>KYLE RYAN GUDENSCHWAGER<br/>(608) 495-5142</b> |  | Owner Address<br><b>736 E MAIN ST<br/>REEDSBURG, WI 53959 , US</b>                           |                               |
|   |  | <b>Sequence Of Events</b>                                       |  |  |                               |
| 01  | 01   | Event<br><b>CROSS MEDIAN</b>                                    |  |  |                               |
|   |  | Event<br><b>DITCH</b>   |  |  |                               |
|   |  | Event<br><b>MAILBOX</b>   |  |  |                               |
|   |  | Event   |  |  |                               |
| UNIT  | <b>Policy Holder</b>   |   |  |  |                               |
|   | Insurance Company<br><b>PROGRESSIVE-CLASSIC-INS-CO</b>             |   | Individual<br><b>KYLE GUDENSCHWAGER</b>          |  |                               |
| UNIT  | INDIVIDUAL   | <b>Individual</b>   |  |  |                               |
|   |  | Driver<br><b>KYLE RYAN GUDENSCHWAGER<br/>(608) 495-5142</b>     |  | Citations Issued<br><b>0</b>   | Sex<br><b>MALE</b>            |
|   |  | Date of Birth<br><b>[REDACTED]</b>                              |  | Race<br><b>WHITE</b>   |                               |
|   |  | Address<br><b>736 E MAIN ST<br/>REEDSBURG, WI 53959 , US</b>    |  | Driver License Number<br><b>[REDACTED]</b><br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                               |
| 01  | 001  | <b>Safety Equipment</b>   |  | On Duty Crash  |                               |
|   |  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>              |  |  |                               |
|   |  | Row<br><b>01 - FRONT ROW</b>                                    | Seat Position<br><b>07 - LEFT</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>  |  |  |                               |
| <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>01</b>             | <b>001</b>   | <b>Drug &amp; Alcohol</b>                   |                   | Suspected Alcohol Use<br><b>NO</b>                               | Suspected Drug Use<br><b>NO</b> |  |
|                   |                       |  | 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>NOT OBSERVED</b> |                   |  |                                 |  |
|                   | <b>Property Owner</b> |  |   |                   |  |                                 |  |
| <b>PROP OWNER</b> | <b>01</b>             | Individual<br><b>JOSEPH D EASTMAN JR</b><br>(608) 415-3771 |   |                   | Address<br><b>S2409 CTH H</b><br><b>REEDSBURG, WI 53959 , US</b> |                                 |  |
|                   |                       | <b>Fixed Objects Struck</b>                                |   |                   |  |                                 |  |
| <b>01</b>         | Striking Unit         | Struck Object  |   |                   | Structure Number   | Damage Tag Number               |  |
|                   | <b>01</b>             | <b>MAILBOX</b>   |   |                   |  |                                 |  |