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21-05389

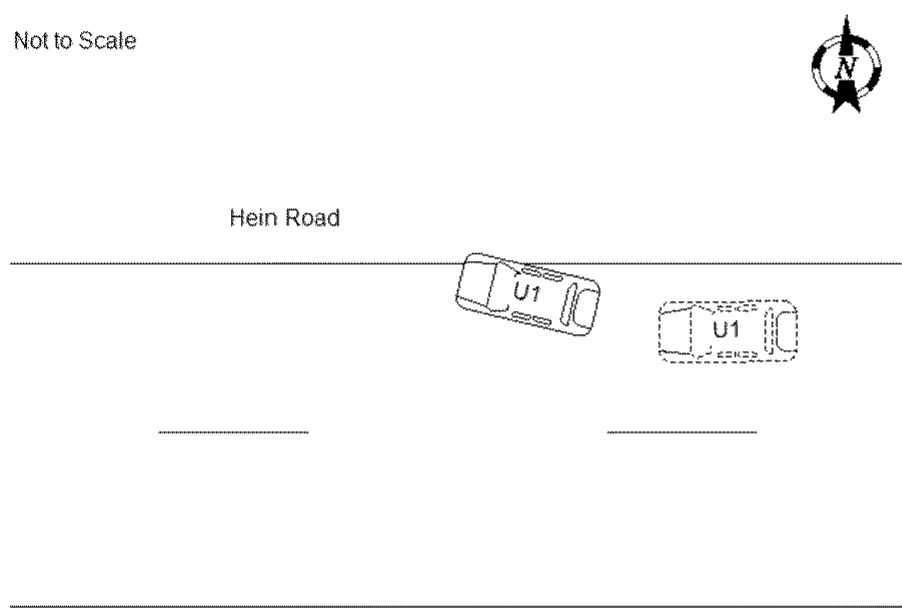
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 21-05389	Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 06/15/2021		Crash Time 02:47 PM	Date Arrived 06/15/2021	Time Arrived 03:00 PM	
Date Notified 06/15/2021		Time Notified 02:50 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	

Description

Diagram Not to Scale Hein Road 	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 TRAVELING WESTBOUND ON HEIN ROAD. WHILE DRIVING UNIT 1S BACK DRIVER SIDE TIRE CAME OFF OF THE AXEL, CAUSING THE VEHICLE TO STOP.

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Location

ON HEIN RD 1165 FT W OF N HEIN RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.539499226	Longitude -89.629004853
	X Coordinate 287594.5625	Y Coordinate 4824086
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event CARGO/EQUIPMENT LOSS OR SHIFT	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
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

UNIT 01	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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2	
	Most Harmful Event: Collision With CARGO/EQUIPMENT LOSS OR SHIFT		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					

UNIT 01	VEHICLE 01	Vehicle			
		License Plate Number AAK9565	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1ZC5EU6BF245496	Make CHEVROLET	Year 2011	Model MALIBU 1LT
		Color WHI - WHITE	Body Style 4D - 4DR		Bus Use
		Initial Contact Point 08 - LEFT SIDE REAR	Vehicle Damage 08 - LEFT SIDE REAR		
Extent Of Damage DISABLING DAMAGE					

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		TIRES	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name ANNETTE ARDITH SPENCER (608) 921-7496		Owner Address 320 W BRODHEAD ST ORFORDVILLE, WI 53576 , US	
	Sequence Of Events			
01 02 03 04	Event CARGO/EQUIPMENT LOSS OR SHIFT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company U.S.-INS-CO-OF-AMERICA		Individual ANNETTE SPENCER	
UNIT INDIVIDUAL	Individual			
	Driver MASON ALEXANDER SPENCER (608) 921-7496		Citations Issued 0	Sex MALE
	Address 320 W BRODHEAD ST ORFORDVILLE, WI 53576 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				To/From School
INDIVIDUAL	Drug & Alcohol		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				
	Individual Condition APPEARED NORMAL				