

6TL09XQZ30  
21-05017

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 21-05017		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 06/06/2021		Crash Time 03:05 AM		Date Arrived 06/06/2021		Time Arrived 04:12 AM	
Date Notified 06/06/2021		Time Notified 04:05 AM		Total Units 01		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 TRAVELING NORTHBOUND ON NEUMAN ROAD JUST SOUTH OF CTH W. UNIT 1 PASSENGER CLAIMS THE OPERATOR SWERVED TO MISS A DEER AND LEFT THE ROADWAY AND STRUCK A TREE. THE PASSENGER WAS NOT COOPERATIVE WITH DISCLOSING THE OPERATORS NAME. THE PASSENGER WAS TRANSPORTED TO ST. CLARE HOSPITAL BY AMBULANCE.

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**Location**

ON NEUMAN RD 791 FT W OF CLINGMAN RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.445637238	Longitude -89.698136787
	X Coordinate 281670.84375	Y Coordinate 4813840.5
	Structure Type NO STRUCTURE	

**Crash Scene**

First Harmful Event <b>TREE</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAWN</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>VISUAL OBSTRUCTION (S)</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT</b>  <b>01</b>	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>TREE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

**Vehicle**

<b>UNIT</b>  <b>01</b>  <b>VEHICLE</b>  <b>01</b>	License Plate Number <b>B8639XE</b>		Plate Type <b>TMP - TEMPORARY PLAT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1G2NW52E73M558083</b>		Make <b>PONTIAC</b>	Year <b>2003</b>	Model <b>GRAND AM</b>	
	Color <b>BLK - BLACK</b>		Body Style <b>2D - 2DR</b>		Bus Use	
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage			
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>12 - FRONT</b>			

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>UNKNOWN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>UNKNOWN</b>			
01 01	Owner Name <b>TAYLOR C BRATLAND (719) 413-1711</b>		Owner Address <b>527 GROVE ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>TREE</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>UNKNOWN</b>		Citations Issued <b>0</b>	Sex
	Address		Date of Birth	Race
			Driver License Number	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>	
	Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance		
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</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		
Distracted By Action				
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other	To/From School	
01	001	<b>Drug &amp; Alcohol</b>		
		Suspected Alcohol Use	Suspected Drug Use	
		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>NOT OBSERVED</b>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		Passenger <b>KARISSA LEE LITSCHER</b> (608) 356-5100	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth [REDACTED]	Race
		Address <b>408 1ST ST</b> <b>BARABOO, WI 53913 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	002	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>RESTRAINT USE UNKNOWN</b>
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>
Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</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		
Distracted By Action				
<b>Non Motorist</b>		Striking Unit #	Location	
Prior Action				

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01 UNIT INDIVIDUAL 002	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use
	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>NOT OBSERVED</b>		