

WISCONSIN MOTOR VEHICLE CRASH REPORT

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Document Number Override		Primary Crash Document#	Agency Crash Number 21-06183	Investigating Officer/Deputy DEPUTY B. ZIBELL	
Crash Date 07/06/2021		Crash Time 02:49 AM	Date Arrived 07/06/2021	Time Arrived 03:07 AM	
Date Notified 07/06/2021		Time Notified 02:50 AM	Total Units 01	Total Injured 03	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 checked="" 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> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By ZIBELL
	Additional Information PHOTOS

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

ON 7/06/2021 UNIT 1 WAS TRAVELING EASTBOUND ON CTH T. UNIT 1 WAS TRAVELING AROUND A CORNER WHEN A DEER CAME OUT ON THE ROAD. UNIT 1 CROSSED CENTER LINE. UNIT 1 TRAVELED INTO DITCH HITTING TREE. UNIT 1 ROLLED OVER ONCE AND CAME TO A REST FACING NORTH.

WISCONSIN MOTOR VEHICLE
CRASH REPORT

Location

ON CTHT EB 0.81 MI E OF GILLEM RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.563894071	Longitude -89.70310748
	X Coordinate 281695.5	Y Coordinate 4826987.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event TREE	First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - NOT 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	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With TREE	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 RIGHT		Road Grade HILLCREST	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number AKF6560	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 4T1BE46K98U766089	Make TOYOTA	Year 2008	Model CAMRY	
		Color BLK - BLACK	Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage			
		Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR, 11 - LEFT FRONT CORNER, 12 - FRONT			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BLYSTONES TOWING	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other			
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name CARL D VOGT		Owner Address 220 W ONEIDA ST PORTAGE, WI 53901 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event NON DOMESTICATED ANIMAL (ALIVE)		
	03	Event TREE		
	04	Event OVERTURN/ROLLOVER		
UNIT	Policy Holder			
	Insurance Company CNAC		Individual CARL VOGT	
UNIT INDIVIDUAL	Individual			
	Driver CHRISTOPHER EDWARD MARTINEZ (262) 327-0409		Citations Issued 0	Sex MALE
	Address 527 W CONANT ST PORTAGE, WI 53901 , US		Date of Birth [REDACTED]	Race HISPANIC
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
			Tint Compliance	
	Injury		Injury Severity SUSPECTED MINOR INJURY	
Ejected NOT EJECTED		Airbag DEPLOYED-COMBINATION		
Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		
Hospital		EMS Run #		
		Date of Death		
		Time of Death		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action		NOT DISTRACTED		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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					
		Individual					
		Passenger IVAN GRANT HOLLENBERGER (262) 473-9968			Citations Issued 0	Sex MALE	
		Address E12693 COUNTY ROAD U BARABOO, WI 53913 , US			Date of Birth [REDACTED]	Race WHITE	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		01	002	Safety Equipment		On Duty Crash	Safety Equipment
Row 02 - SECOND ROW	Seat Position 09 - RIGHT			SHOULDER & LAP BELT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
Injury				Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-COMBINATION		
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							
Distracted By Action							
Non Motorist		Striking Unit#	Location				

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	002	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			
UNIT	INDIVIDUAL	Individual	
		Passenger BROOKE MARIE STEINGRAEBER (608) 207-2147	Citations Issued 0
			Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
Address 527 W CONANT ST PORTAGE, WI 53901 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01	003	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	
Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-COMBINATION		
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			
Distracted By Action			
Non Motorist			
Striking Unit #	Location		
Prior Action			

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CRASH REPORT

UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	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		
	01		
	003		

Property Owner

PROP OWNER 01	Government ADAMS/COLUMBIA COUNTY (800) 831-8629	Address 401 E LAKE ST FRIENDSHIP, WI 53934 , US
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Fixed Objects Struck

01	Striking Unit 01	Struck Object OTHER FIXED OBJECT	Structure Number	Damage Tag Number 337976
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