

6TL0D1PTLM  
21-06723

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 21-06723		Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 07/19/2021		Crash Time 03:00 PM		Date Arrived 07/19/2021		Time Arrived 03:47 PM	
Date Notified 07/19/2021		Time Notified 03:27 PM		Total Units 01		Total Injured 01	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		Reconstruction By	
		Photos By DEP. S. MESSNER	
		Additional Information PHOTOS	

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

ON MONDAY, 7/19/2021, AT APPROXIMATELY 3:00 PM, UNIT 1, A GRAY 2000 CHEVROLET SILVERADO BEARING WISCONSIN REGISTRATION PLATE #13834HD, WAS DRIVEN BY DANIEL P. CARD. UNIT 1 WAS SOUTHBOUND ON STH 113, CROSSED THE CENTERLINE AND RAN OFF THE ROADWAY TO THE LEFT, STRIKING THE GUIDE WIRE TO ALLIANT ENERGY POLE #11-7-7.2. NO DAMAGE OCCURRED TO THE POLE. UNIT 1 CONTINUED SOUTHBOUND, RE-ENTERING THE ROADWAY AND PULLING TO THE RIGHT SIDE OF THE ROAD, SOUTH OF STIENKE ROAD. UPON ARRIVAL OF LAW ENFORCEMENT, THE DRIVER WAS OBSERVED TO BE PROFUSELY SWEATING AN IN AND OUT OF CONSCIOUSNESS. THE DRIVER DENIED TAKING ANY DRUGS, EXPLAINED HE WOULD AN EXTENDED SHIFT IN A FACTORY, AND WAS DIABETIC. THE DRIVER EXPLAINED HE WAS DRIVING HOME TO REEDSBURG, WI, FROM BARABOO, WI. BARABOO EMS WAS PAGED, ARRIVED ON SCENE, PROVIDED MEDICAL CARE TO THE DRIVER, AND THE DRIVER WAS TRANSPORTED TO ST. CLARE HOSPITAL. THE TRUCK AND UTILITY POLE WERE PHOTOGRAPHED. THE TRUCK WAS REMOVED BY MIKE'S TOWING. ALLIANT ENERGY CHECKED THE UTILITY POLE AND LEFT THE SCENE.

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Location

ON STH113 SB 43 FT S OF STEINKE RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.445282537	Longitude -89.708381591
	X Coordinate 280840.53125	Y Coordinate 4813828
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event <b>UTILITY POLE</b>	First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	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

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>			Operating As Endorsements	
	Total Occs <b>1</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>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>UTILITY POLE</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>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT 01	VEHICLE 01	<b>Vehicle</b>			
		License Plate Number <b>13834HD</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2GCEK19TX1204629</b>	Make <b>CHEVROLET</b>	Year <b>2000</b>	Model <b>SILVERADO</b>
		Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>	Bus Use	
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage		
Extent Of Damage <b>DISABLING DAMAGE</b>		<b>11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE</b>			

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>RAN OFF ROADWAY</b>			
01	Owner Name <b>AMANDA MAE RENFROW-BOYD</b>		Owner Address <b>501 N WALNUT ST REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>RUN OFF ROADWAY LEFT</b>		
	02	Event <b>UTILITY POLE</b>		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DANIEL P CARD</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>501 N WALNUT ST REEDSBURG, WI 53959 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number [REDACTED]	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
01	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance		
01	<b>Injury</b>		Airbag	
	<b>POSSIBLE INJURY</b>		<b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000368</b>	EMS Run # <b>21 2159</b>
Hospital <b>ST CLARE HOSP</b>		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>		
<b>Non Motorist</b>		Striking Unit #	Location	

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<b>UNIT</b> <b>INDIVIDUAL</b>	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	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>ILL (SICK), FAINTED, CONFUSED OR DISORIENTED (NON LUCID)</b>			
	<b>01</b>	<b>001</b>		

### Property Owner

<b>PROP OWNER</b> <b>01</b>	Organization/Company <b>ALLIANT ENERGY</b>	Address <b>4902 N BILTMORE MADISON, WI 53707 1077, US</b>
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### Fixed Objects Struck

<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>UTILITY POLE</b>	Structure Number	Damage Tag Number <b>NA</b>
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