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21-08587

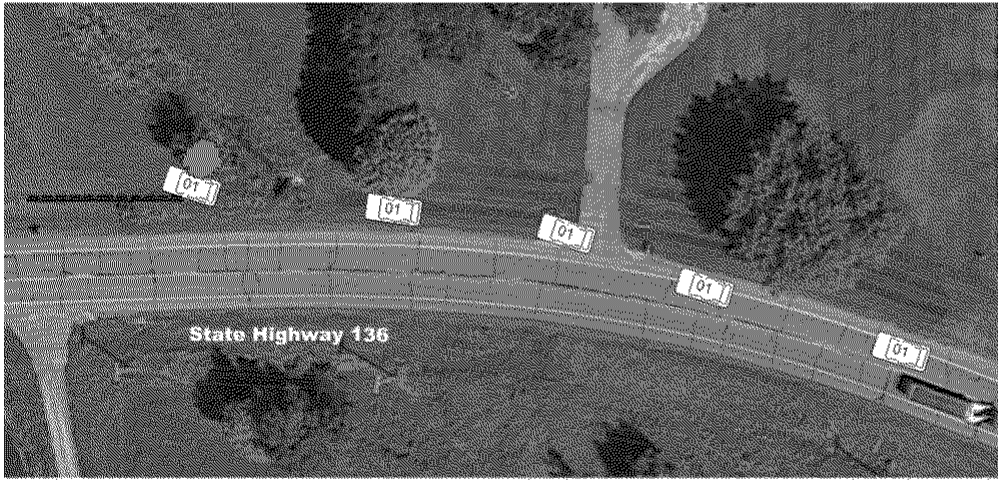
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 21-08587		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 09/09/2021		Crash Time 01:00 PM		Date Arrived 09/09/2021		Time Arrived 01:17 PM	
Date Notified 09/09/2021		Time Notified 01:06 PM		Total Units 01		Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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	
 <p>Not To Scale</p>		Photos By DEPUTY FRANK	
		Additional Information PHOTOS	

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

UNIT 1 WAS TRAVELING WEST BOUND ON STH 136. UNIT 1 ATTEMPTED TO NEGOTIATE A CURVE IN THE ROAD WAY. UNIT 1 LEFT THE ROAD ON THE NORTH SIDE OF THE ROAD. UNIT 1 TRAVELED INTO THE DITCH AND CONTINUED WEST BOUND. UNIT 1 STRUCK A CULVERT AND THEN CONTINUED ON BEFORE BECOMING WEDGED BETWEEN A FENCE POLE AND A TREE.

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Location

ON E BROADWAY/ STH136 WB 1279 FT W OF EXCELSIOR DR IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.476278635	Longitude -89.881251677
	X Coordinate 266970.59375	Y Coordinate 4817740
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event CULVERT	First Harmful Event Location SHOULDER RIGHT	
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) NONE		
Weather Condition(s) CLOUDY		
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
Closure Type LANE CLOSURE	Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 09/09/2021	Time Initial Lane/Rd Closed 01:20 PM	
Date All Lanes Open 09/09/2021	Time All Lanes Open 02:30 PM	Date Scene Cleared 09/09/2021
		Time Scene Cleared 02:35 PM

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 2	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 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 LEFT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

01	License Plate Number 873WHT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4T1BD1EB1EU032383	Make TOYOTA	Year 2014	Model AVALON

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UNIT VEHICLE	Color WHI - WHITE	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE		
	Extent Of Damage DISABLING DAMAGE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING	
	What Driver Was Doing NEGOTIATING CURVE	Driver Prior Action Other	Vehicle Factors NOT APPLICABLE	
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
UNIT VEHICLE	Owner Name LOIS IRENE MCINTYRE	Owner Address 1402 RIDGEVIEW DRIVE REEDSBURG, WI 53959 , US		
	Sequence Of Events			
UNIT VEHICLE	Event CULVERT			
	Event TREE			
	Event			
	Event			
UNIT VEHICLE	Policy Holder			
	Insurance Company USAA-CASUALTY-INS-CO	Individual LOIS MCINTYRE		
UNIT INDIVIDUAL	Individual			
	Driver LOIS IRENE MCINTYRE	Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 1402 RIDGEVIEW DRIVE REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment			
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
UNIT INDIVIDUAL	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-COMBINATION	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/NOT EXTRICATED	
	Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run#	

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UNIT INDIVIDUAL	Hospital ST CLARE HOSP		Date of Death	Time of Death	
	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
	Distracted By Action NOT DISTRACTED				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	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	
01 001	Drug Type				
	Individual Condition APPEARED NORMAL				
	Individual				
	Passenger WILLIAM J MC INTYRE		Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
	Address 1402 RIDGEVIEW DR REEDSBURG, WI 53959 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment		On Duty Crash	Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
01 002	Injury		Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-COMBINATION	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated TRAPPED/EXTRICATED	
	Medical Transport EMS GROUND		EMS Agency Identifier 6000368	EMS Run #	
	Hospital ST CLARE HOSP		Date of Death	Time of Death	

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UNIT INDIVIDUAL	Distracted By		Distracted By Source		
	Distracted By Action				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	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					

Property Owner	
PROP OWNER 01	Individual JIM T PFAFF (608) 963-0612
	Address S4603 EXCELSIOR DRIVE ROCK SPRINGS, WI 53961 , US

Fixed Objects Struck				
01	Striking Unit 01	Struck Object OTHER POST, POLE OR SUPPORT	Structure Number	Damage Tag Number 0000