

6TL0CTJN2C
21-10013

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 21-10013		Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 10/18/2021		Crash Time 09:50 PM		Date Arrived 10/18/2021		Time Arrived 10:13 PM	
Date Notified 10/18/2021		Time Notified 09:59 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 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> <p>CTH K</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 SOUTH BOUND ON CTH K. THE OPERATOR OF UNIT 1 SWERVED TO TO MISS AN ANIMAL. UNIT 1 ENTERED THE WEST DITCH. THE OPERATOR THEN OVER CORRECTED. UNIT 1 CROSSED THE CENTER LINE THEN ENTERED THE EAST DITCH AND STRUCK A MAILBOX.

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Location

ON CTHK SB 0.31 MI N OF FULLER RD IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.599151874	Longitude -89.989080094
	X Coordinate 258740.125	Y Coordinate 4831695
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location ON ROADWAY	
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 - 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? UNKNOWN	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With DITCH	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				

Vehicle

UNIT VEHICLE 01	License Plate Number ALT5639	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FMYU92104KA29084	Make FORD	Year 2004	Model ECP
	Color BLU - BLUE	Body Style 4H - HATCHBACK 4 DOOR	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By SHIELDS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name JAMES R GOODWIN (608) 547-3803		Owner Address 514 ELM ST MAUSTON, WI 53948 , US	
	Sequence Of Events			
01	Event MAILBOX			
	Event DITCH			
	Event			
	Event			
UNIT INDIVIDUAL	Driver ANDREW P KLEES (608) 683-8296		Citations Issued 0	Sex MALE
	Address 212 E CARROLL ST PORTAGE, WI 53901 , US		Date of Birth [REDACTED]	Race WHITE
	On Duty Crash		Driver License Number [REDACTED] STATE: PENNSYLVANIA COUNTRY: UNITED STATES	
	Safety Equipment		Safety Equipment SHOULDER & LAP BELT	
01	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury NO APPARENT INJURY		Trapped/Extricated NOT TRAPPED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	EMS Agency Identifier	
Medical Transport NOT TRANSPORTED		EMS Run #		
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source		
Distracted By Action UNKNOWN		Striking Unit #		
Non Motorist		Location		

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UNIT INDIVIDUAL 01 001	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 TAMMY R BURDICK (608) 963-4491	Address S1278 CTH K REEDSBURG, WI 53959 , US
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Fixed Objects Struck

01	Striking Unit 01	Struck Object MAILBOX	Structure Number	Damage Tag Number
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