

6TL0DQPGFX

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>DEPUTY B. SONN</b>	
Crash Date <b>05/20/2024</b>		Crash Time <b>12:25 AM</b>		Date Arrived <b>05/20/2024</b>		Time Arrived <b>01:00 AM</b>	
Date Notified <b>05/20/2024</b>		Time Notified <b>12:30 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency		<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

**Description**

Diagram		Reconstruction By	
 <p>Drawing not to scale. Positions are an estimate.</p> <p>Google</p>		Photos By <b>9104</b>	
		Additional Information <b>PHOTOS, DASH CAMERA VIDEO, BODY CAMERA VIDEO</b>	

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

DRIVER OF UNIT 1 WAS TRAVELING HOME FROM CAZENOVIA, WI. DRIVER OF UNIT 1 ADVISED HE WAS TIRED. DRIVER OF UNIT 1 ADVISED HE WAS TRAVELING EASTBOUND ON HWY K AND FELL ASLEEP BEHIND THE WHEEL. DRIVER OF UNIT 1 ADVISED HE WAS TRAVELING ON THE SHOULDER, AND INTO THE DITCH, AT HIGHWAY SPEEDS. UNIT 1 CONTINUED EASTBOUND IN THE GRASSY DITCH LINE, WENT UP THE EMBANKMENT ON POWELL RD AT HWY K, AND SLID APPROXIMATELY 30 FEET INTO THE FARM FIELD ON THE SOUTHEAST CORNER OF HWY K AT POWELL RD. BOTH SIDE CURTAIN AIRBAGS WERE DEPLOYED. THE DRIVER CLAIMED NO INJURY AND STATED HE WAS WEARING HIS SHOULDER/LAP SAFETY BELT. RO OF THE VEHICLE ARRIVED ON SCENE AND ASSISTED IN PROVIDED INSURANCE INFORMATION. THERE WERE NO SIGNS OF IMPAIRMENT FROM DRIVER OF UNIT 1. STEVE'S TOWING RESPONDED TO THE SCENE AND REMOVED THE VEHICLE. DRIVER OF UNIT 1 WAS PROVIDED SELF HELP TRANSPORT HOME.

**Location**

ON CTHK EB 56 FT E OF POWELL RD IN THE TOWN OF IRONTON IN SAUK COUNTY	Latitude <b>43.482210482</b>	Longitude <b>-90.122518432</b>
	X Coordinate <b>247481.1875</b>	Y Coordinate <b>4819103</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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**

<b>UNIT</b>	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>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</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>CONCRETE</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	<b>01</b>	License Plate Number <b>UN7167</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>1GC1KXEG1HF116135</b>	Make <b>CHEVROLET</b>	Year <b>2017</b>	Model <b>SILVERADO</b>
			Color <b>BLU - BLUE</b>	Body Style <b>PK - PICKUP</b>		Bus Use
			Initial Contact Point <b>14 - UNDERCARRIAGE</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 14 - UNDERCARRIAGE</b>		
			Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			



UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
	Driver Actions <b>RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE, OTHER CONTRIBUTING ACTION</b>					
01	01	Owner Name <b>JONATHAN MEYER</b> (608) 415-7732		Owner Address <b>E4156 N LINE RD</b> <b>REEDSBURG, WI 53959 , US</b>		
		<b>Sequence Of Events</b>				
UNIT	01	Event <b>RUN OFF ROADWAY RIGHT</b>				
		Event <b>DITCH</b>				
		Event				
		Event				
UNIT	01	<b>Policy Holder</b>				
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>JONATHAN MEYER</b>			
UNIT	01	<b>Individual</b>				
		Driver <b>JONATHAN MEYER</b> (608) 415-7732		Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>E4156 N LINE RD</b> <b>REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>	
				Driver License Number		
01	001	<b>Safety Equipment</b>		On Duty Crash		
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-SIDE</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</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 <b>UNKNOWN</b>				
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>						

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
	01	001	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>ASLEEP OR FATIGUED</b>				