## 6TL0CVRP5C

### 24-05991B

# WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash I	Document #	Agency 24-059	r Crash Number 9 <b>91B</b>		g Officer/Deputy		
50	Crash Date <b>06/09/2024</b>	Crash Time <b>99:99</b>		Date Arrived 06/09/2024		Time Arrived 03:45 AM			
6TL0CVRP5	Date Notified 06/09/2024	Time Notified 03:21 AM		Total Units 01		Total Injured     Total Killed       01     00		ed	
00	On Emergency	and Run	Lane Close		Work Zone	Trailer or Towed		Reporting Threshold	
6 I L	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)		Amenc	led	Secondary Crash	
	Description						Reconstructio		
	PINE MI NOT TO	01 (C					Photos By SGT. LUBE Additional Info PHOTOS		
	✔ I, a sworn law enforcement	nt officer, agr	ee that I have no	ot addec	any CJIS data in this	report.			
	ON THE ABOVE DATE AND TIME I TO THE HOSPITAL BY FAMILY. I OL ROADWAY, ENTERED THE EAST D THE DITCH, OVERTURNED, AND C OF UNIT 1.	BSERVED SCENE DITCH, CONTINUE	E EVIDENCE TO IN D SOUTH ON THE	ICATE TH DITCH, E	AT UNIT 1 WAS SOUTH ON INTERED THE ROADWAY, C	PINE MEADO	W RD, CROSSE K INTO THE CO	ED THE CENTER OF THE ORRECT LANE, ENTERED	

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Location				
ON S9896 PINE MEADOW RD 703 FT N	Latitude 43.285586147	Longitude -89.803751114		
OF PINE CIRCLE RD (FIRE S9896)	X Coordinate 272526.5625	Y Coordinate 4796347		
IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Structure Type <b>FIRE</b>			
Crash Scene				
First Harmful Event	First Harmful Event Location	on		
DITCH	ON ROADWAY			

	ЫТСН						ON ROADWAY						
Ī	Manı	lanner of Collision						Light Condition					
		00 - NO COLLISION W/VEHICLE IN TRANSPORT					DARK/UNLIT						
	Road	oad Surface Condition(s)					Roadway Factor(s)						
	DRY	DRY											
	Envir	ironment Factor(s)											
	NOM	IE						NONE					
	Weather Condition(s)							•					
	CLE	AR											
	Anim	al Type						Relation T	o Trafficway	,			
									WAY - ON	-			
		h Classification - Location	1						sification				
										SDICTION			
	I riba	l Land						Access Co				Special Study	
	\ <b>\</b> /;+b;	n Interahanga Araa	Lus	action Location					IRUL				
	NO	n Interchange Area		N-JUNCTION			Intersection	• •	CTION				
	-	ure Type			Reason	ns for Closur							
	FULL CLOSURE         Date Initial Lane/Rd Closed         06/09/2024         Date All Lanes Open         06/09/2024         06/09/2024         04:15 AM					1 toubol							
					ed	TOW	TRUCK						
					Date S		cene Cleare	ed	Tim	ne Scene Cleared			
					06/09/2024			04:20 AM					
ļ	Unit	Summary											
		Status				chicle Operating As Classification Unit Type							
						D CLASS			AUTOMO				
5	Vehicle Type								Operating A	s Endorsen	nents		
5	PASSENGER VAN           Total Occs         Train/Bus # Recorded				1 = 1			I Total Traile			Total Llas	Mat Turnen	
		Dccs		Train/Dus # Recorded		al # Citati	ons Issued			ers	Total Hazl	viat Types	
	1	20002	-   r	Direction Of Travel	3				Speed Limit		U Total Lane	26	
_	Insurance? Direction Of Travel YES SOUTHBOUND				Pre CrashTire Mark			Opeed Lini	n	2			
					Special Function				Emergency		cle Use		
ן כ	DITCH NO				NO SPECIAL FUNCTION			NOT APPLICABLE					
	Traffic Way Traffi				Traffic Control			Traffic Control Inoperative/Missing					
	TWO-WAY, NOT DIVIDED NO				IO CONTROL			NO					
Ī	Surface Type Road				load Curvature			Road Grade					
		· · · ·				RAIGHT LEVEL							
		k Bus or HazMat											
_	NO	/											
		Vehicle				to Ture -		T	St I	Country of la	suance		
	License Plate Number				Plate Type AUT - AUTOMOBI			St Country of Issu		SUALICE			
								_	\A/I	LINITED 91	LVIES		
		ALN3179	mber		AU	-	TOMOBILE	E		UNITED ST	TATES		
01	01				AU Ma	-	TOMOBILE	E	Year	UNITED ST Model GRAND CA			

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

				Body Style		Bus Use			
		BLK - BLACK		VN - VAN Vehicle Damage		<u> </u>			
<b>–</b>	Ä	Initial Contact Point 01 - RIGHT FRONT CORNER		Volliolo Dallago			7 8 9 10 11		
UNIT	Ĕ	Extent Of Damage		15 - ALL AREAS			6		
	VEHICLE	DISABLING DAMAGE					5 4 3 2 1		
ĺ		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABL What Driver Was Doing	ING DAMAGE	EVERETTS TOWING					
		GOING STRAIGHT		Vehicle Factors					
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE, OVER-CORRECTING/OVER-STEERING							
E	VEHICLE	,	<b>,</b>						
UNIT	Ĭ								
	2								
ļ		Owner Name		Oumer Address					
		TAYLOR BIERSTAKER		Owner Address E7979 COUNTY ROAD O					
6	0	(608) 643-9056		SAUK CITY, WI 53583 , US					
	:	Sequence Of Events							
	6	Event RUN OFF ROADWAY LE	FT						
	02	Event RUN OFF ROADWAY RIG	GHT						
	03	3 Event OVERTURN/ROLLOVER							
	04	Event DITCH							
E	1	Policy Holder							
UNIT		Insurance Company PROGRESSIVE-CLASSIO	CINS-CO	Individual TALYOR BIERSTA	KER				
		Individual	5-110-00						
		Driver		Citations Issued	Sex				
	Ļ	TAYLOR BIERSTAKER		3	FEMALE				
	DUAL	(608) 643-9056		Date of Birth Race WHITE					
Ę	Ę	Address		Driver License Number					
.IN N	INDIVI	E7979 COUNTY ROAD O	)						
	Z	SAUK CITY, WI 53583 , U	JS	STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty Crash							
	Sat	fety Equipment	y Crash	Safety Equipment RESTRAINT USE UNKNOWN					
		Row	Seat Position						
		01 - FRONT ROW	07 - LEFT						
1		Helmet Use		Helmet Compliance					
				Tint Compliance					
		,							
2	001		Severity ECTED MINOR INJURY		ΔΙΝ				
		Ejected	Ejection Path	DEPLOYED-CURTAIN Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT APP	PLICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		OTHER		ort does not include any C			Pate 06/09/2024		

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital ST CLARE HOSP			Date of Death		Time of Death	
		Distracted By	Distracted By So UNKNOWN					
		Distracted By Action UNKNOWN						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
	NDIVIDUAL							
	NDI							
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alco YES	hol Use	Suspected Drug Use			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
				BLOOD Drug Test Type			PENDING	
		Drug Test Given TEST GIVEN		BLOOD		Drug Test Results PENDING		
5	001	Drug Type						
		Individual Condition						
			UENCE OF ME	EDICATIONS/DRUGS	ALCOHOL			
	1	Violations						
	01	UTC Number BD759734	Issue To? 001	Statute Number 346.63(1)(A)	Description OPERATING WHILE	UNDER THE IN	FLUENCE	
	02	UTC Number BD759735	Issue To? 001	Statute Number 346.05(1)	Description OPERATING LEFT C	OF CENTER		
	03	UTC Number BD759736	Issue To? 001	Statute Number <b>346.57(2)</b>	Description FAILURE TO KEEP		R CONTROL	