## 6TL0DBC3HF

24-06358

WISCONSIN MOTOR VEHICLE CRASH REPORT

#### SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Document Number Override	Primary Crash Document #	Agency Ci 24-06358	ash Number		Investigating Officer/Deputy DEPUTY B. TRAGER		
Crash Date 06/18/2024	Crash Time 06:13 AM		06/18/2024 06:		ime Arrived 6:39 AM		
Date Notified	Time Notified 06:14 AM	Total Units			Total Injured Total Killed		
On Emergency	and Run	sure	Work Zone	Trailer or Towed		Reporting Threshold	
Government Property							
	Crash Type DT4000 (STANDARD CRAS	SH)		Amendeo	k	Secondary Crash	
Description Diagram					Reconstruction		
↓ I, a sworn law enforcement	ŢĴ)	Photos By T. SCHRAI					

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#### SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913

	358		C	RASH R	EPOR	Γ				BARABOO, WI 5391 (608) 356-489
01 50 01	Cation N E4456 USH14 W I5 FT W F PEARL RD	В				Latitude 43.1899 X Coordir				ude 95633321 rdinate
IN	IRE E4456) THE TOWN OF SP SAUK COUNTY	RING	GREEN			248450. Structure FIRE			47865	560.5
Cr	ash Scene									
-	st Harmful Event					First Harn	nful Event L	ocation		
DI	тсн					ROADS	DE			
Ma	anner of Collision					Light Con	dition			
00	- NO COLLISION	W/VEH	IICLE IN TRANSPORT			DAWN				
Ro	ad Surface Condition(	s)				Roadway	Factor(s)			
DF	RY									
En	vironment Factor(s)									
N	ONE					NONE				
10/2	eather Condition(s)					_				
CL	LEAR									
Animal Type						Relation To Trafficway TRAFFICWAY - NOT ON ROAD				
	ash Classification - Loc	cation				Crash Classification - Jurisdiction				
	JBLIC PROPERTY					NO SPECIAL JURISDICTION				
Tribal Land			N		Access Control NO CONTROL			Special Study		
	ithin Interchange Area		Junction Location		Intersection		OTION			
N	-	I	NON-JUNCTION		NOTAN	INTERSE	CTION			
	nit Summary							<b></b>		
	Unit Status				Vehicle Operating As Classification <b>D CLASS</b>			Unit Type AUTOMOBILE		
	IN TRANSIT Vehicle Type							Operating A		ements
	ASSENGER CAR									
То	tal Occs		Train/Bus # Recorded	Total # Cita	ations Issued	ł	Total Trai	lers	Total Ha	azMat Types
1				1			0		0	
	surance?		Direction Of Travel	Pre	CrashTire	)	Speed Li	nit	Total La	ines
N			WESTBOUND	Mark Special Function		55		2 Emergency Motor Vehicle Use		
	ost Harmful Event: Coll THER FIXED OBJE		lth	NO SPECIAL FU	TION		NOT APPLICABLE Traffic Control Inoperative/Missing			
	affic Way	CI			Traffic Control					
	VO-WAY, NOT DIVI		NO CONTROL Road Curvature STRAIGHT			NO				
	Surface Type BLACKTOP (BITUMINOUS)					Road Curv	Road Grade			
						STRAIGH	LEVEL			
Tru NC	uck Bus or HazMat <b>O</b>									
	Vehicle									
	License Plate Number			Plate Typ	Plate Type St		Country of Issuance			
	AUZ9755				AUT - AUTOMOBILE WI					
6	Vehicle Identification Number				Make Year BUICK 2000		Model CENTURY CU			
0	Color							Bus Use	CU	
	TAN - TAN				4D - 4DR			Du3 038		
щ	I Initial Contact Point	t			Vehicle Damage					
C C										7 8 9 10 11
I	12 - FRONT       Extent Of Damage       DISABLING DAMAGE			15 - ALI	L AREAS					6 5 4 3 2 1

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage TOWED DUE TO DISABL	ING DAMAGE	Ve	hicle Removed By				
		What Driver Was Doing		Ve	hicle Factors				
		GOING STRAIGHT							
		Driver Prior Action Other		NC	OT APPLICABLE				
		Driver Actions							
	щ	FAILURE TO CONTROL,	RAN OFF ROADV	VAY					
	<u></u>								
5	VEHICLE								
	>								
		Owner Name			Owner Address				
<b>—</b>	~	COTY WELLS			506 W EXCHAN				
6	9	(608) 588-5224			LONE ROCK, W	1 53556 , US			
		Sequence Of Events Event							
	01	DITCH							
	02	Event OTHER FIXED OBJECT							
	03	Event							
	04	Event							
	0								
	l	Individual							
		Driver COTY WELLS (608) 588-5224			Citations Issued Sex				
	INDIVIDUAL				1 MALE Date of Birth Race				
┝┍		· · /			Date of Birth	WHITE			
UNIT	Σ	Address		Driver License Number					
	Z	506 W EXCHANGE ST LONE ROCK, WI 53556,		STATE: WISCONSIN COUNTRY: UNITED STATES					
	-								
	_	On Dut	y Crash	:	Safety Equipment				
	Sa	fety Equipment							
		Row	Seat Position	;	SHOULDER & LA	P BELT			
		01 - FRONT ROW Helmet Use	07 - LEFT		Lalmat Camplianas				
		Heimet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
-	Ξ	Injury S	everity	,	Airbag				
6	001								
		Ejected		Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/		EMS Agency Identifier		EMS Run #		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EINS Run #		
		Hospital			Date of Death		Time of Death		
		Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)							
		Distracted By Action OTHER ACTION (LOOKI	NG AWAY FROM	TASK ETC)					
		Striking							

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	-									
		Prior Action								
		Action								
	_									
_	INDIVIDUAL									
UNIT										
	≤									
		Action Other						To/From School		
			Suspected Alco	hol Use	Suspected Drug Use					
		Drug & Alcohol	NO		NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	e		Alcohol Test Results			
		Drug Test Given		Drug Test Type		Drug Test Results	;			
		TEST NOT GIVEN								
2	001	Drug Type								
	-									
		Individual Condition								
		APPEARED NORM	IAL							
	1	Violations								
	01	UTC Number	lssue To? <b>001</b>	Statute Number 346.89(1)	Description INATTENTIVE DRIVI	ING				
		BG113056	001	0-10.00(1)						
	Indiv	perty Owner			Address					
6	BRI	AN HACKL ) 217-9324			Address E4456 US HIGHWAY 1 SPRING GREEN, WI 5	14 AND 60 53588 US				
PROP OWNER	(000	, 211 0024								
	Fixe	d Objects Strue	ck							
			uck Object				Structure Number	Damage Tag Number		
	6		HER FIXED C	BJECT				NONE		
Witness										
Σ	Indiv STE	idual VEN HILLEMAN			Address 290 E 7TH ST	Date of Birth				
<sup>م م</sup>	(608	604-4973			RICHLAND CENTER, WI 53581 , US					
WITN										