

6TL0D942BP
24-07409

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 24-07409 | Investigating Officer/Deputy DEPUTY M. PETERSON | |
| Crash Date 07/09/2024 | | Crash Time 06:27 PM | Date Arrived 07/09/2024 | Time Arrived 06:49 PM | |
| Date Notified 07/09/2024 | | Time Notified 06:30 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 checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|----------------|---------------------------------------|
| <p>Diagram</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 ONE WAS PARKED IN THE PARKING LOT AND BEGAN TO DRIVE TOWARD AN EXIT. THE DRIVER OF UNIT ONE SAID HIS CELL PHONE SLID TO THE FLOOR SO HE REACHED DOWN TO GRAB IT. WHILE DOING THIS, UNIT ONE CRASHED INTO THE BOTTOM OF A LIGHT POLE IN THE PARKING LOT. THE OPERATOR REPORTED NO INJURIES AND WAS WEARING A SEATBELT. THERE WAS AIRBAG DEPLOYMENT AND THE VEHICLE WAS TOWED BY BILLS TOWING.

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Location

| | | |
|---|---------------------------------------|-----------------------------------|
| ON DECORAH RD 186 FT E OF WHITE EAGLE RD IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.541983419 | Longitude -89.761092994 |
| | X Coordinate 276931.5 | Y Coordinate 4824708 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|--|---|
| First Harmful Event LUM LIGHT SUPPORT | First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN | |
| 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 NON TRAFFICWAY - PARKING LOT | |
| Crash Classification - Location TRIBAL LAND | Crash Classification - Jurisdiction INDIAN RESERVATION/TRUST | |
| Tribal Land HO-CHUNK NATION | 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? YES | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 05 | Total Lanes 0 |
| | Most Harmful Event: Collision With LUM LIGHT SUPPORT | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | Traffic Way PARKING LOT OR PRIVATE PROPERTY | Traffic Control NO CONTROL | Traffic Control Inoperative/Missing NO | | |
| | Surface Type BLACKTOP (BITUMINOUS) | Road Curvature STRAIGHT | Road Grade LEVEL | | |
| | Truck Bus or HazMat NO | | | | |

| | | | | |
|---|---|---|---------------------|---|
| UNIT 01 VEHICLE | Vehicle | | | |
| | License Plate Number AEP2446 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number JF2SJGVC4GH432167 | Make SUBARU | Year 2016 | Model FORESTER |
| | Color RED - RED | Body Style UT - SPORT UTILITY VEHICLE | Bus Use | |
| | Initial Contact Point 12 - FRONT | Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | | |
| Extent Of Damage DISABLING DAMAGE | | | | |



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| | | | | |
|--|--|---|--|--|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By BILLS TOWING | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions OTHER CONTRIBUTING ACTION | | | |
| 01 01 | Owner Name WILLIAM LEONARD (619) 820-0669 | | Owner Address 102 BOWMAN RD WISCONSIN DELLS, WI 53965 , US | |
| | Sequence Of Events | | | |
| 01 01 | 01 | Event LUM LIGHT SUPPORT | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP | | Individual WILLIAM LEONARD | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver WILLIAM LEONARD (619) 820-0669 | | Citations Issued 0 | Sex MALE |
| | Address S2208 BUSSE LN BARABOO, WI 53913 , US | | Date of Birth | Race AMERICAN INDIAN OR ALASKAN NATIVE |
| | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | | | Safety Equipment SHOULDER & LAP BELT | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | Injury | | Injury Severity NO APPARENT INJURY | Airbag DEPLOYED-COMBINATION |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # |
| Hospital | | Date of Death | | Time of Death |
| Distracted By | | Distracted By Source HAND-HELD MOBILE PHONE | | |
| Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC) | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | | |
|-------------|-------------------|---------------------|--|-------------------|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | Action | | | | | |
| | Action Other | | | | To/From School | |
| | 01 | 001 | 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 | | | |