6TL0DQPGGD 24-11501

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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	Document Number Override		•		Agency Crash Number 24-11501		Investigating Officer/Deputy DEPUTY B. SONN			
GD	Crash Date 10/15/2024		Crash Time 07:52 PM		Date Arrived 10/15/2024		Time Arrived 08:22 PM			
٦PG	Date Notified 10/15/2024		Time Notified 07:52 PM		Total Units 01		Total Injured 00	l , ,		
0DQ	On Emergency Hi		and Run Lane Closu		ure Work Zone		Trailer or	Towed	Reporting Threshold	
6TL(Government Activ		Active Sc	e School Zone		Bus Related	Tags			
6	✓ Reportable		Crash Type DT4000 (STANDARD CRASH))		Amended		Secondary Crash	

Description



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

DRIVER OF UNIT 1 WAS TRAVELING EASTBOUND ON PRAIRIE SUMMIT ST AND WAS NOT FOCUSED ON THE TASK OF DRIVING. DRIVER OF UNIT 1 CROSSED COUNTY LINE RD AND STRUCK THE POWER POLE GROUND/GUIDE WIRES, CAUSING DRIVER SIDE AIR BAG DEPLOYMENT. THIS VEHICLE IS A RIGHT HAND DRIVE VEHICLE DESIGNED FOR RURAL MAIL DELIVERY. DRIVER 1 SHOWED NO SIGNS OF IMPAIRMENT, BUT WAS SLIGHTLY CONFUSED AT HOW THE CRASH HAPPENED. A SEAT BELT WAS NOT WORN AT THE TIME OF CRASH. DRIVER OF UNIT 1 WAS DELIVERING RURAL MAIL AT THE TIME OF THE CRASH. THE VEHICLE WAS REMOVED BY WEGNER'S TOWING. DRIVER WAS ISSUED A CITATION FOR FAILURE TO MAINTAIN CONTROL OF VEHICLE.

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Crash Time 07:52 PM

Loc	ation								
_	COUNTY LINE RD			Latitude Longitude					
113 FT N OF USH14 EB						43.191557122 -90.192513029			2513029
-	USH14 EB HE TOWN OF SPRING		X Coordinate Y Coordinate						
	AUK COUNTY	24	240584.6875 4787036.5						
						pe			
Cra	sh Scene								
_	Harmful Event			Fir	rst Harmfu	I Event I (ncation		
	HER POST, POLE OR	SUPPORT					OF-WAY (TR	AFFICV	VAY)
	ner of Collision		ght Conditi		JI WAI (III				
	NO COLLISION W/VE	_	ARK/UNI						
Roa	d Surface Condition(s)			Ro	oadway Fa	ictor(s)			
DR	1								
Envi	ronment Factor(s)								
NOI	NE			N	ONE				
Wea	ther Condition(s)								
CLE	AR								
Anin	nal Type			Re	elation To	Trafficwa	у		
				TF	RAFFICW	VAY - OI	N ROAD		
	h Classification - Location			-			Jurisdiction		
	BLIC PROPERTY						ISDICTION		
Iriba	al Land				Access Control Special Study NO CONTROL			Special Study	
With	in Interchange Area	Junction Location		Intersection T	уре				I .
		NON UNIOTION							
NO		NON-JUNCTION		NOT AN INT	TERSECT	TION			
	t Summary =	NON-JUNCTION		NOT AN INT	TERSEC	TION			
Uni	t Summary Status	NON-JUNCTION	Vehicle Oper	NOT AN INT		TION	Unit Type		
Uni Unit		NON-JUNCTION	Vehicle Oper D CLASS			TION	Unit Type	BILE	
Unit Unit IN T	Status 'RANSIT cle Type					TION			ements
Unit IN T Vehi (SP	Status RANSIT cle Type ORT) UTILITY VEHICL	_E	D CLASS	rating As Class	sification		AUTOMOE Operating A	s Endorse	
Unit IN T Vehi (SP	Status 'RANSIT cle Type			rating As Class	sification	「otal Trail	AUTOMOR Operating A ers	s Endorse	ements zMat Types
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Crash Date 10/15/2024

Crash Time 07:52 PM

		Towed Due To Damage		Veh	nicle Removed By			_	
		TOWED DUE TO DISABL	ING DAMAGE	WE	GNER'S TOWING				
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT							
		Driver Prior Action Other		NO	T APPLICABLE				
LIND	VEHICLE	Driver Actions FAILURE TO CONTROL, I LOOKED BUT DID NOT S	RAN OFF ROADWAY, OP EE	PERA	TED MOTOR VEHIC	LE IN INATTENT	TIVE, CARELESS OR ERRATIC MANNER,		
70	10	Owner Name MARJORIE STANKE (608) 647-6252			Owner Address 29798 CTH TB LONE ROCK, WI 53556 , US				
		Sequence Of Events							
	01	Event DITCH							
	02	Event OTHER POST, POLE OR	SUPPORT						
	03	Event						_	
	04	Event							
_	i	Policy Holder							
		Insurance Company			Individual				
		LIBERTY-MUTUAL-INS-C	0	_ IN	MARJORIE STANKE				
		Individual Driver		10	Sitations Issued	Cav			
	۱۲	MARJORIE STANKE (608) 647-6252		1		Sex FEMALE			
⊨	אסו				Date of Birth	Race WHITE	<u>!</u>		
LINO	INDIVIDUAL	Address 29798 CTH TB LONE ROCK, WI 53556,	us		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	On Duty fety Equipment	Crash	S	Safety Equipment				
		Row	Seat Position	<u> </u>	NONE USED - VEHIC	CLE OCCUPANT	•		
		01 - FRONT ROW Helmet Use	09 - RIGHT	F	Helmet Compliance				
		Eye Protection			Tint Compliance				
		I Injury S	ovority	Alabara					
Injury Injury Severity NO APPARENT INJURY DEPLOYED-FRONT									
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APP					Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	cy Identifier EMS Run #			
		Hospital			Date of Death Time of Death		Time of Death		
		Distracted By UNKNO	ed By Source DWN				1		
		Distracted By Action OTHER ACTION (LOOKIN	IG AWAY FROM TASK F	TC)				_	
		OTHER ACTION (LOOKIN	IG AWAT FROM TASK E	.10)					

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		Non Motorist	Striking Unit #	Location				
		Prior Action						
TINO	INDIVIDUAL	Action						
		Action Other	Compared Alex	h-111	L Commande d Dance Una			To/From School
	1	Drug & Alcohol	Suspected Alco NO	noi ose	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		
2	001	Drug Type						
		Individual Condition APPEARED NORM	401					
	,		IIAL					
	5	Violations UTC Number BJ679045	Issue To?	Statute Number 346.57(2)	Description FAILURE TO KEEP	VEHICLE UNDE	R CONTROL	