6TL0FQBC3C

25-01735

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash D	ocument #	Agency Crash Number Investigating Officer/Deputy 25-01735 DEPUTY J. MACASKILL					
ا د	Crash Date 02/25/2025	Crash Time 06:15 AM			Date Arrived		Time Arrived 06:36 AM		
3	Date Notified	Time Notified		02/25/2025 Total Units		Total Injure		Total Kille	d
<u>מ</u>	02/25/2025	06:16 AM		01		00			-
	On Emergency	and Run	Lane Closu	ure	Work Zone	Traile	r or T	owed	Reporting Threshold
	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
	Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amen	ded		Secondary Crash
D	Description								
Diagram Reconstruction By Photos By Additional Information NONE Non Reportable Crash									
Γ	✔ I, a sworn law enforcement	nt officer agre	e that I have no	nt added	any CIIS data in t	nis report			
							IK 11 7 - 1	14/4 0 1/5 0	
	ON 2/25/25 AT APPROXIMATELY 06 CURVE IN THE ROAD. UNIT 1 LOST ITSELF OUT OF THE DITCH. NO DA	CONTROL DUE	TO ICE COVERED						

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I	_oc	ation									
1		CTHG SB						Longitu	Longitude		
	1318 FT N OF MC CARVILLE RD						43.354450066		-90.117496218		
		MC CARVILLE RD	X Coordinate		Y Coordinate						
		AUK COUNTY	UNEEN	247356.171875 4804898				398			
			Structure Type								
(Cra	sh Scene 💻									
1	-	Harmful Event				First Harm	nful Event L	ocation			
							DWAY				
	Man	ner of Collision				Light Con	dition				
	00 -	NO COLLISION W/VE	DAWN								
	Road	Road Surface Condition(s)					Factor(s)				
	ICE										
	Envi	ronment Factor(s)									
	WE	ATHER CONDITIONS				NONE					
	Wea	ther Condition(s)				1					
	CLE	AR									
	Anim	nal Type				Relation T	o Trafficwa	у			
							CWAY - O	-			
		h Classification - Location BLIC PROPERTY						Jurisdiction			
		al Land				Access Control Special Study				Special Study	
						NO CONTROL					
	With NO	in Interchange Area	Interchange Area Junction Location Intersec NON-JUNCTION NOT A				ction Type				
		t Summary									
_	Unit Status Vehicle Operating As Classifica							Unit Type			
	IN TRANSIT D CLASS				TRUCK						
_	Vehicle Type				Operating As Endorsements						
5	UTILITY TRUCK/PICKUP TRUCK										
	Total Occs Train/Bus # Recorded				tions Issued			ers		azMat Types	
	1			0			0 Stread Line		0		
	Insurance? Direction Of Travel NO SOUTHBOUND		Pre	Pre CrashTire Mark		Speed Lim 55		Total La 2	nes		
	Most Harmful Event: Collision With				Special Function			Emergency		hicle Use	
כ	DITCH NO SPECIA				IAL FUNC	JNCTION NOT			OT APPLICABLE		
	Traffic Way Traffic Control							Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDED			NO CONTROL Road Curvature CURVE LEFT			NO Road Grade UPHILL			
		ace Type ACKTOP (BITUMINOU	5)								
		k Bus or HazMat	5	CORVEL	CURVE LEFT		OPHILL				
	NO										
	I	Vehicle									
	License Plate Number				Plate Type LTK Make CHEV		St Country of Issuance				
		Vehicle Identification Number 1GCEK19T41E115319					WI				
	01						Year 2001				
	0	TGCER 19141E11531		Body Style		2001	Bus Use				
		SIL - SILVER (ALUM		PK - PICKUP							
	Initial Contact Point 00 - NON-COLLISION Extent Of Damage NO DAMAGE			Vehicle Da	Vehicle Damage 7 8 9 00 - NO DAMAGE 6			7 8 9 10 11			
5				00 - NO						54321	

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		Towed Due To Damage NOT TOWED			/ehicle Removed By					
	What Driver Was Doing				Vehicle Factors					
		NEGOTIATING CURVE								
		Driver Prior Action Other		1	NOT APPLICABLE					
	Ц	SPEED TOO FAST/COND								
UNIT	ЧС									
	VEHICLE									
	-									
		Owner Name			Owner Address	т				
	01	JOSHUA BRUNNER (608) 459-5820			448 E UNION S LONE ROCK, V					
	•	、 <i>,</i>				·				
		Sequence Of Events								
	01	Event DITCH								
	02	Event								
		Event								
	03									
	04	Event								
	l	Individual								
	1	DRIVER			Citations Issued	ations Issued Sex				
	١L	JOSHUA BRUNNER (608) 459-5820 Address			0	MALE				
⊢	INDIVIDUAL				Date of Birth	Race WHITE				
UNIT	N				Driver License Number					
-	IN	452 E UNION ST LONE ROCK, WI 53556 ,	us		STATE: WISCONSIN COUNTRY: UNITED STATES					
	On Duty Crash Safety Equipment				Safety Equipment					
	1	Row	Seat P	osition	SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - L							
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
_	~	Injury Se	everity		Airbag					
2	001	· · · · · · · · · · · · · · · · · · ·	PARENT	NJURY	NON DEPLOYED)				
	1	Ejected	Ejection P		Trapped/Extricate					
	NOT EJECTED NOT EJECTED/NOT APPLIC					NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Unit #	Location						

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		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other	Suspected Alcohol Us	e	Suspected Drug Use			To/From School
	L	Drug & Alcohol	NO		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		
6	001	Drug Type						
		Individual Condition						
			MAL					