

6TL0B4X4MP  
19-15692

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 <b>19-15692</b>		Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>12/24/2019</b>		Crash Time <b>02:01 PM</b>		Date Arrived <b>12/24/2019</b>		Time Arrived <b>02:06 PM</b>	
Date Notified <b>12/24/2019</b>		Time Notified <b>02:01 PM</b>		Total Units <b>01</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>VERTEIN</b>
	Additional Information <b>PHOTOS</b>

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

OPERATOR WAS NB ON FOX HILL RD AND LEFT THE ROAD AT WYNSONG DR. OPERATOR DROVE THROUGH THE DITCH AND STRUCK A TREE. OPERATOR SUSTAINED INJURIES AND WAS TRANSPORTED BY BARABOO DISTRICT EMS TO ST CLARE HOSPITAL. VEHICLE SUSTAINED DISABLING DAMAGE AND WAS REMOVED BY MIKES TOWING. OPERATOR ADMITTED TO CONSUMING ALCOHOL AND WAS CITED FOR OPERATING WHILE UNDER THE INFLUENCE AND FAILURE TO MAINTAIN CONTROL.

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**Location**

ON FOX HILL RD 65 FT S OF WYNSONG DR IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.48980831</b>	Longitude <b>-89.76373864</b>
	X Coordinate <b>276525.125</b>	Y Coordinate <b>4818920.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - NOT ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>35</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>TREE</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>AAE5702</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>JNKAY01F27M458771</b>	Make <b>INFINITI</b>	Year <b>2007</b>	Model <b>M35</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>					

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>STEERING</b>	
	Driver Actions <b>FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE</b>			
01 01	Owner Name <b>DIANE K UNERTL (319) 929-8190</b>		Owner Address <b>161 DE KORRA LN WISCONSIN DELLS, WI 53965 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>DITCH</b>			
	Event <b>TREE</b>			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>GEICO-GENERAL-INS-CO</b>		Individual <b>ULYSSES MCDONALD</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ULYSSES S MCDONALD III (608) 477-8220</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>161 DE KORRA LN WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race <b>BLACK</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Injury <b>POSSIBLE INJURY</b>		Airbag <b>DEPLOYED-COMBINATION</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
Medical Transport <b>EMS GROUND</b>		Trapped/Extricated <b>TRAPPED/EXTRICATED</b>		
Hospital <b>ST CLARE HOSP</b>		EMS Agency Identifier <b>6000368</b>	EMS Run #	
Distracted By <b>Distracted By</b>		Date of Death		
Distracted By Action <b>NOT DISTRACTED</b>		Time of Death		
Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>		Alcohol Test Results <b>PENDING</b>	
	Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>		Drug Test Results <b>PENDING</b>	
	Drug Type					
	Individual Condition  <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>					

**Witness**

<b>WITN 01</b>	<b>ESS</b>	Individual <b>LAURA L MIHM</b> <b>(608) 356-7963</b>	Address <b>E11062 WYNSONG DR</b> <b>BARABOO, WI 53913 , US</b>	Date of Birth