

6TL09426TD

19-15246

# 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>19-15246</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>12/12/2019</b>		Crash Time <b>05:08 PM</b>	Date Arrived <b>12/12/2019</b>	Time Arrived <b>05:17 PM</b>	
Date Notified <b>12/12/2019</b>		Time Notified <b>05:08 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 checked="" 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

Diagram 	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS EAST BOUND ON KINGS CORNER RD. THE OPERATOR OF UNIT 1 LOST CONTROL AND UNIT 1 ENTERED THE SOUTH DITCH ABRUPTLY AND STRUCK A MAIL BOX. UNIT 1 THEN STUCK AND EMBANKMENT AND ROLLED OVER ONTO ITS ROOF. A WITNESS ADVISED IT APPEARED UNIT 1 WAS OPERATING A FAST RATE OF SPEED.

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**Location**

<b>ON KINGS CORNER RD 166 FT E OF NEW HAVEN RD IN THE TOWN OF SUMPTER IN SAUK COUNTY</b>	Latitude <b>43.378312196</b>	Longitude <b>-89.77171689</b>
	X Coordinate <b>275467.8125</b>	Y Coordinate <b>4806558.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MAILBOX</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>ICE</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 - 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>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>12/12/2019</b>	Time Initial Lane/Rd Closed <b>05:17 PM</b>		
Date All Lanes Open <b>12/12/2019</b>	Time All Lanes Open <b>06:15 PM</b>	Date Scene Cleared <b>12/12/2019</b>	Time Scene Cleared <b>06:15 PM</b>

**Unit Summary**

<b>UNIT</b>	<b>01</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>4</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>			
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>			
	Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</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>01</b>	<b>Vehicle</b>						
	License Plate Number <b>972XNJ</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>			
Vehicle Identification Number <b>2G2WS522641344592</b>		Make <b>PONTIAC</b>	Year <b>2004</b>	Model <b>GRAND PRIX</b>				

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UNIT VEHICLE	Color <b>MAR - MAROON (BURGUNDY)</b>		Body Style <b>4D - 4DR</b>	Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>ALL AREAS</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>FAILURE TO CONTROL</b>				
	Owner Name <b>DEREK J RASCHKA (608) 370-9225</b>		Owner Address <b>230 E MAIN ST MERRIMAC, WI 53561 , US</b>		
01 01	<b>Sequence Of Events</b>				
	01	Event <b>MAILBOX</b>			
	02	Event <b>OVERTURN/ROLLOVER</b>			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>GEICO-CASUALTY-CO</b>		Individual <b>DEREK RASCHKA</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>DAWSON PHOENIX RASCHKA (608) 370-9225</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
	Address <b>619 OVERLOOK TER DEFOREST, WI 53532 , US</b>		Date of Birth	Race <b>WHITE</b>	
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<b>Safety Equipment</b>		On Duty Crash		
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>	EMS Run #		

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UNIT INDIVIDUAL	Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death	Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	Distracted By Action <b>NOT DISTRACTED</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>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
01 001 UNIT INDIVIDUAL	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>Individual</b>				
	Passenger <b>STEFANY R RAMIREZ (608) 353-8681</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Address <b>315 4TH STREET PRAIRIE DU SAC, WI 53578 , US</b>		Date of Birth	Race <b>WHITE</b>	
	Driver License Number				
	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
01 002 UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
	Hospital		Date of Death	Time of Death	

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UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source			
		Distracted By Action			
		<b>Non Motorist</b>	Striking Unit # Location		
		Prior Action			
		Action			
		Action Other To/From School			
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
UNIT	INDIVIDUAL	Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>ISALYN R GALLE (608) 381-7403</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth		Race <b>WHITE</b>	
		Address <b>S8170 KASSNER RD # 25 MERRIMAC, WI 53561 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>		Helmet Compliance	
		Helmet Use		Tint Compliance	
		Eye Protection			
		UNIT	INDIVIDUAL	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>			Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>				EMS Agency Identifier	EMS Run #
Hospital				Date of Death	Time of Death
<b>Distracted By</b>				Distracted By Source	

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<b>UNIT</b>	Distracted By Action				
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	Action			
		Action Other			
		To/From School			
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	<b>01</b>	<b>003</b>	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
Individual Condition <b>APPEARED NORMAL</b>					
<b>Individual</b>					
<b>UNIT</b>	<b>INDIVIDUAL</b>	Passenger <b>BENJAMIN K HELT</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>421 BILLINGS AVE PRAIRIE DU SAC, WI 53578 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
			Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>		
<b>01</b>	<b>004</b>	Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source		
			Distracted By Action		

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		Prior Action				
		Action				
	Action Other				To/From School	
	<b>01</b>	<b>004</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>NOT OBSERVED</b>			
	<b>01</b>	<b>Violations</b>				
UTC Number <b>BB338550</b>		Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>		

### Property Owner

<b>PROP OWNER 01</b>	Individual <b>STEVE M BABE</b> (608) 370-1256	Address <b>E11053 KINGS CORNER RD</b> <b>NORTH FREEDOM, WI 53951 , US</b>
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### Fixed Objects Struck

<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>MAILBOX</b>	Structure Number	Damage Tag Number
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### Witness

<b>WITN 01</b>	<b>ESS</b>	Individual <b>HILEARD A MUELLER</b> (608) 214-4942	Address <b>1760 STH 80</b> <b>CUBA CITY, WI 53807 , US</b>	Date of Birth <b>05/02/1948</b>
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