

6TL0BGSFF2

20-00341

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 20-00341	Investigating Officer/Deputy DEPUTY B. LUBER	
Crash Date 01/09/2020		Crash Time 07:33 AM	Date Arrived 01/09/2020	Time Arrived 07:45 AM	
Date Notified 01/09/2020		Time Notified 07:34 AM	Total Units 01	Total Injured 01	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 checked="" 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.

ON THE ABOVE DATE AND TIME I WAS DISPATCHED TO A CRASH AT S4150 CTH G. WHEN I ARRIVED ON SCENE I OBSERVED A BLACK FORD EXCURSION ON ITS SIDE WITH AN UPRIGHT MAROON TRAILER BEHIND IT. I SPOKE WITH THE OPERATOR WHO WAS IDENTIFIED BY HIS WI DL. OPERATOR OF U1 SAID HE LOST BRAKES GOING DOWN THE PRIVATE DRIVEWAY AND OVERTURNED. TIRE MARKS OBSERVED ON SCENE SHOW THE VEHICLE SOUTH DOWN THE DRIVEWAY, THE SUV TRAVELING UP THE EMBANKMENT AND STRIKING A TREE, CAUSING THE VEHICLE TO OVERTURN ONTO ITS SIDE. THE TRAILER DETACHED, REMAINED UPRIGHT, AND IMPINGED ON THE REAR OF THE SUV. OPERATOR REPORTING SHOULDER INJURY AND UNABLE TO GET OUT OF VEHICLE. WITNESS 1 AND 2 SAID VEHICLE WENT DOWN DRIVEWAY, HIT A TREE, AND OVERTURNED. OPERATOR OF U1 SAID HE HAD MAINTENANCE APPOINTMENT ON TUESDAY FOR FRONT BRAKES OF SUV. SHIELDS RESPONDED TO THE SCENE TO REMOVE THE VEHICLE. I CLEARED FROM THE CRASH BEFORE VEHICLE AND TRAILER REMOVED. ACCIDENT OCCURRED ON PRIVATE PROPERTY NO ENFORCEMENT ACTION TAKEN.

Location

PRIVATE PROPERTY S4150 CTHG NB (FIRE S4150) IN THE TOWN OF IRONTON IN SAUK COUNTY	Latitude 43.496480732	Longitude -90.155222371
	X Coordinate 244896.40625	Y Coordinate 4820788
	Structure Type FIRE	

Crash Scene

First Harmful Event EMBANKMENT	First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)	
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 - OTHER	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
Tribal Land	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 TRUCK		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes 1
	Most Harmful Event: Collision With EMBANKMENT	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 SLAG, GRAVEL, OR STONE	Road Curvature CURVE LEFT	Road Grade DOWNHILL		
	Truck Bus or HazMat NO				
UNIT 01 VEHICLE	Vehicle				
	License Plate Number 187BEX	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FMSU43F93EB12495	Make FORD	Year 2003	Model NO DATA FO	
	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use		
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE			
Extent Of Damage DISABLING DAMAGE					

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By SHIELDS TOWING		
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors		
	Driver Prior Action Other		BRAKES		
	Driver Actions NO CONTRIBUTING ACTION				
01 01	Owner Name VERNON H KNUTH (608) 415-0508		Owner Address 110 ROECKER ST LOGANVILLE, WI 53943 , US		
	Sequence Of Events				
01 02 03 04	Event RUN OFF ROADWAY LEFT				
	Event EMBANKMENT				
	Event PARKED MOTOR VEHICLE				
	Event SEPARATION OF UNITS				
UNIT 01	Policy Holder				
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual VERNON KNUTH		
UNIT TRAILER/ 01	Trailer/Towed				
	Trailer Plate # CT44621	Plate Type TRL - TRAI	Make INTT	State WI	Country of Issuance UNITED STATES
	Unit Type UTILITY TRAILER	Individual DANNIE E GINGERICH (608) 434-3183			Address 6834 CARPENTER RD MAZOMANIE, WI 53560 9614, US
UNIT INDIVIDUAL 01	Vehicle Identification Number 1UK500G2551054176				
	Individual				
	Driver VERNON H KNUTH (608) 415-0508		Citations Issued 0		Sex MALE
Address 110 ROECKER ST LOGANVILLE, WI 53943 , US		Date of Birth		Race WHITE	
Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
Injury		Injury Severity SUSPECTED MINOR INJURY		Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated TRAPPED/EXTRICATED	

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UNIT	Medical Transport EMS GROUND		EMS Agency Identifier 6001024	EMS Run #	
	Hospital REEDSBURG AREA MED CTR		Date of Death	Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	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					

Property Owner

PROP OWNER	01	Individual TIMOTHY PAUL BUSS	Address 1090 W EXCHANGE PKWY #A301 ALLEN, TX 75013 , US
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Fixed Objects Struck

01	Striking Unit 01	Struck Object EMBANKMENT	Structure Number	Damage Tag Number
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Witness

WITN ESS	01	Individual NORMAN J MAST (608) 727-2990	Address E5144 FRIENDSHIP DR LOGANVILLE, WI 53943 , US	Date of Birth
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Witness

WITN ESS	02	Individual WILLIAM J SCHROCK (608) 986-2369	Address E3678 FRANK RD LAVALLE, WI 53941 , US	Date of Birth
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