



6TL08F2KX8

20-00669

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

## Location

ON USH14 WB 0.39 MI W OF PORTER RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.191122483</b>	Longitude <b>-90.180744462</b>
	X Coordinate <b>241539.1875</b>	Y Coordinate <b>4786952</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>SHOULDER LEFT</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</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>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>3</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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</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>808XPC</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>5XYPHDA57GG082869</b>	Make <b>KIA MOTORS CORPORA</b>	Year <b>2016</b>	Model <b>SORENTO EX</b>
		Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage  <b>00 - NO DAMAGE</b>		
		Extent Of Damage <b>NO DAMAGE</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>WEGNERS</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE</b>				
01	01	Owner Name <b>SIMON J HARRIS (608) 604-7808</b>		Owner Address <b>20929 BUCK RUN LN RICHLAND CENTER, WI 53581 , US</b>	
		<b>Sequence Of Events</b>			
01	01	Event <b>DITCH</b>			
		Event			
		Event			
		Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>PEKIN-INS-CO</b>		Individual <b>SIMON HARRIS</b>		
UNIT	<b>Individual</b>				
	Driver <b>SIMON J HARRIS (608) 604-7808</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>20929 BUCK RUN LN RICHLAND CENTER, WI 53581 , 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	
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
Distracted By Action <b>NOT DISTRACTED</b>					

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other			To/From School		
<b>01</b>	<b>001</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>APPEARED NORMAL</b>				
		<b>Individual</b>				
		Passenger <b>CHRISTEN A HARRIS (608) 604-7808</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race <b>WHITE</b>	
		Address <b>740 E SOUTH ST RICHLAND CENTER, WI 53581 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>01</b>	<b>002</b>	<b>Safety Equipment</b>		On Duty Crash
Row	Seat Position					
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>UNIT</b>	<b>Distracted By</b>					
	Distracted By Source					
	Distracted By Action					
<b>Non Motorist</b>		Striking Unit #	Location			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	Prior Action					
		Action					
		Action Other		To/From School			
<b>01</b>	<b>002</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>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>DOMINIC M HARRIS</b> <b>(608) 604-7808</b>	Citations Issued <b>0</b>	Sex			
			Date of Birth	Race			
		Address <b>20929 BUCK RUN LN</b> <b>RICHLAND CENTER, WI 53581 , US</b>	Driver License Number				
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>			<b>SHOULDER &amp; LAP BELT</b>			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>01</b>	<b>003</b>			<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			
		<b>Non Motorist</b>	Striking Unit #	Location			
		Prior Action					

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CRASH REPORT

<b>UNIT</b>	<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>	
	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>01</b>	<b>003</b>		