

6TL0B7D6S9  
20-00925

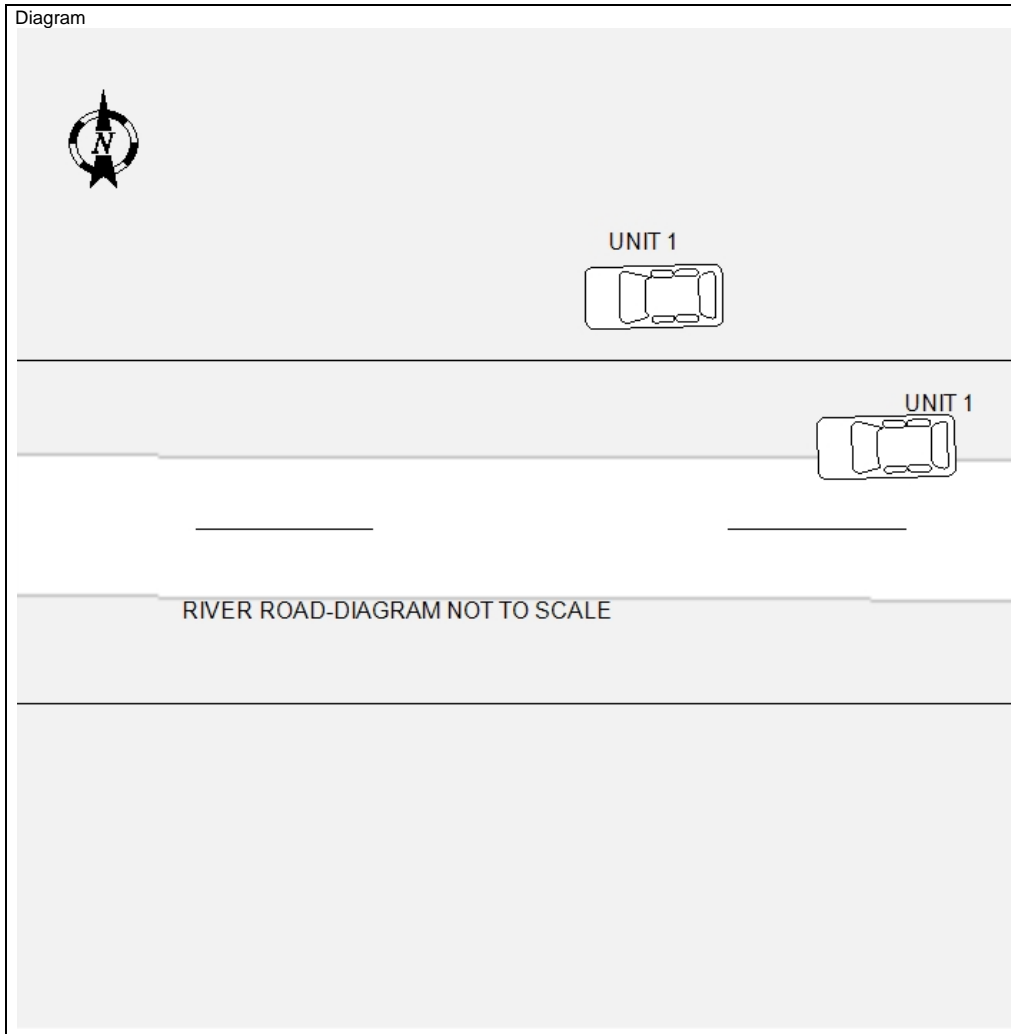
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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<br><b>20-00925</b> | Investigating Officer/Deputy<br><b>DEPUTY A. SUKOWATEY</b> |  |
| Crash Date<br><b>01/24/2020</b>              |  | Crash Time<br><b>10:23 PM</b>         | Date Arrived<br><b>01/24/2020</b>      | Time Arrived<br><b>10:33 PM</b>                            |  |
| Date Notified<br><b>01/24/2020</b>           |  | Time Notified<br><b>10:23 PM</b>      | Total Units<br><b>01</b>               | Total Injured<br><b>00</b>                                 | Total Killed<br><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<br><b>NO</b>       |  | Tags   |  |
| <input type="checkbox"/> Reportable          | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                       | <input type="checkbox"/> Amended       | <input type="checkbox"/> Secondary Crash                   |  |

## Description

|  |                                       |
|--|---------------------------------------|
| Diagram<br> | Reconstruction By                     |
|  | Photos By                             |
|  | Additional Information<br><b>NONE</b> |

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

THE OPERATOR OF UNIT ONE WAS TRAVELING WESTBOUND ON RIVER ROAD WHEN DUE TO ICY AND SNOWY CONDITIONS HE SLID INTO THE DITCH. ONLY DAMAGE HE NOTICED WAS A MUFFLER BRACKET MAY HAVE FALLEN OFF REPORTED BY OPERATOR.

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## Location

|   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| ON RIVER RD<br>0.38 MI W<br>OF BEAVER RD<br>IN THE TOWN OF PRAIRIE DU SAC<br>IN SAUK COUNTY | Latitude<br><b>43.263668352</b>   | Longitude<br><b>-89.791540825</b> |
|   | X Coordinate<br><b>273435.875</b> | Y Coordinate<br><b>4793879.5</b>  |
|   | Structure Type                    |                                   |

## Crash Scene

|  |  |   |
|--|--|---|
| First Harmful Event<br><b>DITCH</b>                                    | First Harmful Event Location<br><b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b> |   |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DARK/UNLIT</b>                                     |   |
| Road Surface Condition(s)<br><b>SNOW, SLUSH, ICE</b>                   | Roadway Factor(s)<br><br><b>NONE</b>                                     |   |
| Environment Factor(s)<br><b>WEATHER CONDITIONS</b>                     |  |   |
| Weather Condition(s)<br><b>SNOW</b>                                    |  |   |
| Animal Type  | Relation To Trafficway<br><b>TRAFFICWAY - NOT ON ROAD</b>                |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b>    |   |
| Tribal Land  | Access Control<br><b>NO CONTROL</b>                                      | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                                   | Junction Location<br><b>NON-JUNCTION</b>                                 | Intersection Type<br><b>NOT AN INTERSECTION</b> |

## Unit Summary

|             |  |   |  |  |                                |
|-------------|--|---|--|--|--------------------------------|
| <b>UNIT</b> | Unit Status<br><b>IN TRANSIT</b>                   | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b>                       |                                |
|             | Vehicle Type<br><b>PASSENGER CAR</b>               | Operating As Endorsements                             |  |  |                                |
|             | Total Occs<br><b>1</b>                             | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>               | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|             | Insurance?<br><b>YES</b>                           | Direction Of Travel<br><b>WESTBOUND</b>               | <input type="checkbox"/> <b>Pre CrashTire Mark</b> | Speed Limit<br><b>55</b>                             | Total Lanes<br><b>2</b>        |
|             | Most Harmful Event: Collision With<br><b>DITCH</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        |  | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|             | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>         | Traffic Control<br><b>NO CONTROL</b>                  |  | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|             | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>       | Road Curvature<br><b>STRAIGHT</b>                     |  | Road Grade<br><b>LEVEL</b>                           |                                |
|             | Truck Bus or HazMat<br><b>NO</b>                   |   |  |  |                                |

### Vehicle

|             |                |           |   |                                       |                     |   |  |
|-------------|----------------|-----------|---|---------------------------------------|---------------------|---|--|
| <b>UNIT</b> | <b>VEHICLE</b> | <b>01</b> | License Plate Number<br><b>AEG3475</b>                    | Plate Type<br><b>AUT - AUTOMOBILE</b> | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |  |
|             |                |           | Vehicle Identification Number<br><b>3VWRF29MXYM077410</b> | Make<br><b>VOLKSWAGEN</b>             | Year<br><b>2000</b> | Model<br><b>JETTA</b>                       |  |
|             |                |           | Color<br><b>BLK - BLACK</b>                               | Body Style<br><b>SD - SEDAN</b>       |                     | Bus Use                                     |  |
|             |                |           | Initial Contact Point<br><b>12 - FRONT</b>                | Vehicle Damage                        |                     |   |  |
|             |                |           | Extent Of Damage<br><b>MINOR DAMAGE</b>                   | <b>14 - UNDERCARRIAGE</b>             |                     |   |  |

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|   |   |  |   |                      |
|---|---|--|---|----------------------|
| UNIT<br>VEHICLE   | Towed Due To Damage<br><b>NOT TOWED</b>                       |  | Vehicle Removed By<br><b>OPERATOR</b>                               |                      |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>                |  | Vehicle Factors   |                      |
|   | Driver Prior Action Other                                     |  | <b>NOT APPLICABLE</b>   |                      |
|   | Driver Actions<br><b>SPEED TOO FAST/COND</b>                  |  |   |                      |
| 01  | Owner Name<br><b>PETER W MC CLUSKEY</b>                       |  | Owner Address<br><b>202 N MAIN ST<br/>LIME RIDGE, WI 53942 , US</b> |                      |
|   | <b>Sequence Of Events</b>                                     |  |   |                      |
| 01<br>02<br>03<br>04                                    | Event<br><b>DITCH</b>   |  |   |                      |
|   | Event   |  |   |                      |
|   | Event   |  |   |                      |
|   | Event   |  |   |                      |
| UNIT  | <b>Policy Holder</b>  |  |   |                      |
|   | Insurance Company<br><b>USAA-GENERAL-INDEMNITY-CO</b>         |  | Individual<br><b>PETER MC CLUSKEY</b>                               |                      |
| UNIT<br>INDIVIDUAL                                      | <b>Individual</b>   |  |   |                      |
|   | Driver<br><b>PETER W MC CLUSKEY</b>                           |  | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b>   |
|   | Address<br><b>202 N MAIN ST<br/>LIME RIDGE, WI 53942 , US</b> |  | Date of Birth   | Race<br><b>WHITE</b> |
|   | Driver License Number   |  | <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>                      |                      |
| 01<br>001   | <b>Safety Equipment</b>                                       |  | On Duty Crash   |                      |
|   | Row<br><b>01 - FRONT ROW</b>                                  |  | Seat Position   |                      |
|   | Helmet Use  |  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                  |                      |
|   | Eye Protection  |  | Helmet Compliance   |                      |
|   | Injury<br><b>NO APPARENT INJURY</b>                           |  | Airbag<br><b>NON DEPLOYED</b>                                       |                      |
|   | Ejected<br><b>NOT EJECTED</b>                                 |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                  |                      |
| Medical Transport<br><b>NOT TRANSPORTED</b>             |   | Trapped/Extricated<br><b>NOT TRAPPED</b> |   |                      |
| Hospital  |   | EMS Agency Identifier                    | EMS Run #   |                      |
| Distracted By<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |   | Date of Death                            |   | Time of Death        |
| Distracted By Action<br><b>NOT DISTRACTED</b>           |   |  |   |                      |

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|             |                     |                           |  |                                    |                                 |                |                      |
|-------------|---------------------|---------------------------|--|------------------------------------|---------------------------------|----------------|----------------------|
| <b>UNIT</b> | <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<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |                |                      |
|             | <b>01</b>           | <b>001</b>                | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |                                    | Alcohol Test Type               |                | Alcohol Test Results |
|             |                     |                           | Drug Test Given<br><b>TEST NOT GIVEN</b>       |                                    | Drug Test Type                  |                | Drug Test Results    |
|             |                     |                           | Drug Type                                      |                                    |                                 |                |                      |
|             |                     |                           | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |                |                      |