

6TL0BFKDG

22-02603

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, Investigating Officer/Deputy, Crash Date, Crash Time, Date Arrived, Time Arrived, Date Notified, Time Notified, Total Units, Total Injured, Total Killed, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related, Tags, Reportable, Crash Type, Amended, Secondary Crash

Description

Diagram, Reconstruction By, Photos By, Additional Information, Birchwood Spur, Birchwood Road, STOP sign, vehicle diagrams

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
UNIT 1 WAS TRAVELING EAST ON BIRCHWOOD SPUR ROAD. UNIT 2 WAS TRAVELING NORTH ON BIRCHWOOD ROAD. UNIT 1 STOPPED AT THE STOP SIGN AND PROCEEDED TO MAKE A RIGHT TURN. UNIT 1 TURNED RIGHT AND CROSSED THE CENTER OF THE ROAD AND ENTERED THE NORTHBOUND LANE AND STRUCK UNIT 2.

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Location

ON BIRCHWOOD SPUR 10 FT W OF BIRCHWOOD RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.615843871	Longitude -89.828341189
	X Coordinate 271777.6875	Y Coordinate 4833094.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

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

Vehicle

01 UNIT VEHICLE	License Plate Number 258NJC	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3C4PDCAB5JT474969	Make DODGE	Year 2018	Model JOURNEY
	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By INTERSTATE BP	
	What Driver Was Doing RIGHT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions IMPROPER TURN, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	Owner Name SALLY MARGARET MIKULECKY (262) 939-8773		Owner Address 279 BERRY LN # 14 WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01	01	Event RIGHT TURN		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ATLANTIC-STATES-INS-CO		Individual SALLY MIKULECKY	
UNIT INDIVIDUAL	Individual			
	Driver SALLY MARGARET MIKULECKY (262) 939-8773		Citations Issued 2	Sex FEMALE
	Address 279 BERRY LN # 14 WISCONSIN DELLS, WI 53965 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	
Airbag		DEPLOYED-COMBINATION		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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Form containing sections: Non Motorist, Drug & Alcohol, Violations. Includes fields for Striking Unit #, Location, Prior Action, Action, Suspected Alcohol Use (YES), Suspected Drug Use (NO), Alcohol Test Given (TEST GIVEN), Alcohol Test Type (BLOOD), Alcohol Test Results (PENDING), Drug Test Given (TEST NOT GIVEN), Drug Test Type, Drug Test Results, Drug Type, Individual Condition (UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL), and Violations (BD759000, CAUSE INJURY/OPERATE WHILE UNDER INFLUENCE 1ST; BD759001, INATTENTIVE DRIVING).

Unit Summary

Form containing sections: Unit Summary, Vehicle. Unit Summary includes Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (TRUCK), Vehicle Type (UTILITY TRUCK/PICKUP TRUCK), Total Occs (2), Train/Bus # Recorded, Total # Citations Issued (0), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (NORTHBOUND), Pre Crash Tire Mark, Speed Limit (45), Total Lanes (2), Most Harmful Event (MOTOR VEH IN TRANSPORT), Special Function (NO SPECIAL FUNCTION), Emergency Motor Vehicle Use (NOT APPLICABLE), Traffic Way (TWO-WAY, NOT DIVIDED), Traffic Control (NO CONTROL), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (STRAIGHT), Road Grade (LEVEL), Truck Bus or HazMat (NO). Vehicle section includes License Plate Number (MD8213), Plate Type (LTK - LIGHT TRUCK), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1FTFW1ET2DKD78381), Make (FORD), Year (2013), Model (F150), Color (GRY - GRAY), Body Style (PK - PICKUP), and Bus Use.

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UNIT VEHICLE	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE				
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By INTERSTATE BP		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE		
UNIT VEHICLE	Driver Prior Action Other				
	Driver Actions NO CONTRIBUTING ACTION				
02 02	Owner Name JOSHUA DAVID HAMMOND (414) 331-7176		Owner Address N9165 JONSCH DR APPLETON, WI 54915 , US		
	Sequence Of Events				
02 01	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
02 03	Policy Holder				
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual JOSHUA HAMMOND		
02 04	Individual				
	Driver JOSHUA DAVID HAMMOND (414) 331-7176		Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
	Address N9165 JONSCH DR APPLETON, WI 54915 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02 002	Safety Equipment		On Duty Crash		
			Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#	
Hospital		Date of Death		Time of Death	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL	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		
UNIT INDIVIDUAL	Individual	
	Passenger MIILES D HAMMOND (414) 331-7176	Citations Issued 0
		Sex MALE
		Date of Birth [REDACTED]
		Race WHITE
	Address N9165 JONSCH DR APPLETON, WI 54915 , US	Driver License Number
	Safety Equipment	On Duty Crash
		Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING
	Row 02 - SECOND ROW	Seat Position 07 - LEFT
	Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance	
UNIT INDIVIDUAL	Injury Injury Severity POSSIBLE INJURY	
	Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	EMS Run #	
	Hospital	Date of Death
	Time of Death	
	Distracted By Distracted By Source	

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UNIT INDIVIDUAL 02 003	Distracted By Action		
	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		