

6TL092T5L6
18-00522

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL092T5L6

| | | | | | |
|---|--------------------------------------|--|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 18-00522 | Investigating Officer/Deputy DEPUTY J. KIRKENG | |
| Crash Date 01/14/2018 | | Crash Time 04:59 PM | Date Arrived 01/14/2018 | Time Arrived 05:04 PM | |
| Date Notified 01/14/2018 | | Time Notified 05:00 PM | Total Units 01 | Total Injured 01 | Total Killed 00 |
| <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 checked="" 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

| | |
|---|---------------------------------------|
| Diagram | 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.

UNIT 1 WAS TRAVELING N/B ON STH 23. UNIT 1 THEN EXITED THE ROADWAY ON THE EAST SIDE STRIKING A UTILITY POLE. UNIT 1 THEN REENTERED THE ROADWAY GOING S/B STRIKING A MAILBOX AND AGAIN ENTERING THE DITCH ON THE EAST SIDE OF THE ROADWAY.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON STH23 WB 1032 FT S OF OLD LOGANVILLE RD IN THE TOWN OF REEDSBURG IN SAUK COUNTY | Latitude 43.498326829 | Longitude -90.012854371 |
| | X Coordinate 256415.046875 | Y Coordinate 4820566 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | | |
|---|--|---|---------------------------------------|
| First Harmful Event DITCH | | First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY) | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) SNOW | | Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | |
| Environment Factor(s) WEATHER CONDITIONS | | | |
| Weather Condition(s) SNOW | | | |
| 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 NON-JUNCTION | Intersection Type NOT AN INTERSECTION | |
| Closure Type LANE CLOSURE | | Reasons for Closure | |
| Date Initial Lane/Rd Closed 01/14/2018 | Time Initial Lane/Rd Closed 05:04 PM | LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS | |
| Date All Lanes Open 01/14/2018 | Time All Lanes Open 05:41 PM | Date Scene Cleared 01/14/2018 | Time Scene Cleared 05:41 PM |

Unit Summary

| | | | | | | |
|-------------|---|---|--|--------------------------------|--|--|
| 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 # Injured | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 2 | |
| | Most Harmful Event: Collision With DITCH | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | | Road Curvature CURVE LEFT | | Road Grade UPHILL | |
| | Truck Bus or HazMat NO | | | | | |
| | 01 | Vehicle | | | | |
| | | License Plate Number 699ZHX | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| 01 | Vehicle Identification Number 1GKET12S356203037 | Make GENERAL MOTORS COR | Year 2005 | Model ENVOY | | |

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| | | | | |
|------|---|---|--|--|
| UNIT | VEHICLE | Color WHI - WHITE | Body Style UT - SPORT UTILITY VEHICLE | Bus Use NOT A BUS |
| | | Initial Contact Point 12--FRONT | Vehicle Damage 1--RIGHT FRONT CORNER, 5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER, 11--LEFT FRONT CORNER, 12--FRONT | |
| | | Extent Of Damage FUNCTIONAL DAMAGE | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By STEVES AUTO SERVICE | |
| | | What Driver Was Doing NEGOTIATING CURVE | Vehicle Factors NOT APPLICABLE | |
| UNIT | VEHICLE | Driver Prior Action Other | | |
| | | Driver Actions SPEED TOO FAST/COND | | |
| | | Driver Distractions UNKNOWN IF DISTRACTED | | |
| 01 | 01 | Owner Name ANGELA LYNN MEINHARDT (608) 459-9629 | Owner Address 1211 E MAIN ST REEDSBURG, WI 53959 , US | |
| | | Sequence Of Events | | |
| UNIT | 01 | Event DITCH | | |
| | | Event UTILITY POLE | | |
| | | Event REENTERING ROADWAY | | |
| | | Event MAILBOX | | |
| UNIT | 04 | Policy Holder | | |
| | | Insurance Company FOUNDERS-INS-CO | Individual ANGELA MEINHARDT | |
| UNIT | INDIVIDUAL | Individual | | |
| | | Driver ANGELA LYNN MEINHARDT (608) 459-9629 | Citations Issued 1 | Sex FEMALE |
| | | | Date of Birth [REDACTED] | Race WHITE |
| | | Address 1211 E MAIN ST REEDSBURG, WI 53959 , US | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| | | Equipment | On Duty Crash | Safety Equipment SHOULDER & LAP BELT |
| | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | |
| | Helmet Use | Helmet Compliance | | |

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| | | | | | | |
|--|-------------------------------|---|---|--|---|----------------|
| UNIT | INDIVIDUAL | 01 | 001 | Eye Protection | Tint Compliance | |
| | | Injury | Injury Severity POSSIBLE INJURY | Airbag NON DEPLOYED | | |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABL | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run # | | |
| | | Hospital | Date of Death | Time of Death | | |
| | | Non Motorist | Striking Unit # | Prior Action | Location | To/From School |
| | | Action | | | | |
| | | Action Other | | | | |
| | | 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 | | | | |
| 01 | 001 | Drug Type | | | | |
| Individual Condition APPEARED NORMAL | | | | | | |
| Violations | | | | | | |
| 01 | UTC Number AD978154 | Issue To? 001 | Statute Number 346.57(2) | Seq Num 007 | Description FAILURE TO KEEP VEHICLE UNDER CONTROL | |

Property Owner

| | | | |
|------------|----|---|--|
| PROP OWNER | 01 | Organization/Company ALLIANT ENERGY | Address 4902 N BILTMORE MADISON, WI 53707 1077, US |
|------------|----|---|--|

Fixed Objects Struck

| | | | | | |
|------------|----|----------------------------|--------------------------------------|------------------|----------------------------------|
| PROP OWNER | 01 | Striking Unit 01 | Struck Object UTILITY POLE | Structure Number | Damage Tag Number 0000 |
|------------|----|----------------------------|--------------------------------------|------------------|----------------------------------|

Property Owner

| | | | |
|------------|----|--|--|
| PROP OWNER | 02 | Government SAUK COUNTY HWY DEPT (608) 356-3855 | Address 620 STH 136 PO BOX 26 BARABOO, WI 53913 , US |
|------------|----|--|--|

Fixed Objects Struck

| | | | | | |
|------------|----|----------------------------|-------------------------------|------------------|----------------------------------|
| PROP OWNER | 02 | Striking Unit 01 | Struck Object DITCH | Structure Number | Damage Tag Number 0000 |
|------------|----|----------------------------|-------------------------------|------------------|----------------------------------|

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Property Owner

| | | | |
|---------------|----|---|--|
| PROP OWNER | 03 | Individual IVY J HOEGE (608) 524-8130 | Address S4005 STATE ROAD 23 REEDSBURG, WI 53959 , US |
|---------------|----|---|--|

Fixed Objects Struck

| | | | | |
|----|---------------|---------------|------------------|-------------------|
| 03 | Striking Unit | Struck Object | Structure Number | Damage Tag Number |
| | 01 | MAILBOX | | 0000 |