18-00531

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	ocument #	Agency	Crash Number		Officer/Deputy		
_	Crash Date	Croch Time		Date Arrived		DEPUTY A. SUKOWATEY Time Arrived			
ЪЧ	01/15/2018	Crash Time 12:35 AM Time Notified 12:36 AM		01/15/2018 Total Units		12:52 AM			
	Date Notified 01/15/2018					Total Injured Total Killed 00 00		ed	
ที่ใ	On Emergency	t and Run				Trailer	or Towed	Reporting Threshold	
<u>6</u> L	Government Property		hool Zone	School NO	Bus Related	Tags	gs		
	Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amend	ed	Secondary Crash	
	Description								
	Diagram						Reconstructio	n By	
	Non-Reportable Slide Off						Photos By		
							Additional Information NONE		
	✓ I, a sworn law enforceme								
	THE OPERATOR OF UNIT ONE V	WAS TRAVELING	NORTHBOUND	ON US HV	VY 12 WHEN HE SLID	OFF THE ROADV	VAY DUE TO H	EAVY SNOW.	

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Loc	cation									
-	USH12 WB		Latitude			Longitue				
	FT W			43.434522633			-89.775410416			
	SKILLET CREEK RD		X Coordin	ate	Y Coordinate		dinate			
	I THE TOWN OF BARABOO I SAUK COUNTY					275376.5625 4812811.5		11.5		
	SAUK COUNTY	Structure Type								
Cra	ish Scene									
	t Harmful Event		nful Event L							
DIT	-				OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)					
	lanner of Collision				Light Condition					
	COLLISION W/VEHIC	LE IN TRANSPORT		DARK/UNLIT Roadway Factor(s)						
	Road Surface Condition(s) SNOW				Roadway	Factor(s)				
Env	ironment Factor(s)	<u>.</u>								
	ATHER CONDITIONS				NONE					
Wea	ather Condition(s)				-					
SN	ow									
Anir	nal Type			Relation To Trafficway TRAFFICWAY - NOT ON ROAD						
Cra	sh Classification - Location		Crash Classification							
					NO SPECIAL JURISDICTIO			J		
Trib	al Land				Access Co	ontrol	Special Study		Special Study	
14/541						NO CONTROL Section Type				
NO	nin Interchange Area	Junction Location NON-JUNCTION			INTERSE	CTION				
	t Summary									
	Unit Status Vehicle Operating As Cl									
	IN TRANSIT D CLASS				AUTOMOBILE					
·	Vehicle Type PASSENGER CAR				Operating As Endorsements					
1 7		Train/Bus # Injured	Total # Cita	Total # Citations Issued Tota			Trailers Total HazMat Type		zMat Types	
101a			0			0		0		
	irance?	Direction Of Travel	Pre	Pre CrashTir				Total Lan	nes	
				Mark			4			
	Most Harmful Event: Collision With Special Function NO SPECIAL FU				Emergency Motor Vehicle Use					
	raffic Way Traffic Control NO CONTROL				Traffic Control Inoperative/Missing NO			uve/missing		
	urface Type Road Curvature				Road Grade					
							LEVEL			
Truc	CONCRETE STRAIGHT Truck Bus or HazMat NO									
_	Vehicle									
	License Plate Number 306XLK					St	Country of Issuance UNITED STATES			
						wi				
-	Vehicle Identification Number Make						Model			
6	2G1WP52175910003		CHEVROLET 2005		2005	IMPALA				
	Color		Body Style Bus Use AD - ADR NOT A BUS							
	RED - RED Initial Contact Point			4D - 4DR NOT A BUS						
VEHICLE	12FRONT									
	Extent Of Damage MINOR DAMAGE		12FRO	12FRONT						

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		Towed Due To Dama	ige	Vehicle Removed By					
				BILLS TOWING					
				Vehicle Factors					
		GOING STRAIGHT Driver Prior Action Other		NOT APPLICABLE					
		Driver Phor Action Of	ner						
		Driver Actions							
	щ	SPEED TOO FAS	T/COND						
⊨	5								
UNIT	VEHICLE								
	2								
		Driver Distractions							
		NOT DISTRACTED							
-	~								
0	6								
		Owner Name		Owner Address					
		MARCUS GONSALVES		142 HIGH ST PO BOX/152					
				NORTH FREEDOM, WI 53951 , US					
	÷	Sequence Of E Event	vents						
	9	DITCH							
	03	Event							
	04	Event							
	-	Policy Holder							
UNIT		Insurance Company Individual							
		AMERICAN-AUTO	DMOBILE-INS-CO	MARCUS GONSALVES					
	I	ndividual							
	INDIVIDUAL	Driver		Citations Issued	Sex				
		MARCUS GONSALVES		0	MALE				
F				Date of Birth	Race WHITE				
UNIT		Address		Driver License Number	-				
	Z	142 HIGH ST PO BOX/152 NORTH FREEDOM, WI 53951 , US		STATE: WISCONSIN COUNTRY: UN	NITED STATES				
			On Duty Crash	Safety Equipment					
		Equipment							
		Seat Position		SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
01	001	Iniury	Injury Severity	Airbag					
0	ŏ	Injury	NO APPARENT INJURY						
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED				
A <i>1</i> :	nain N	Not EJECTED	This rep	ort does not include any CJIS data.	Crash Date 01/15/2018				

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		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #				
		Hospital					Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action									
	JAL										
	JDL										
5	INDIVIDUAL										
	=										
		Action Other									
			Suspected Alcohol L	Jse	Suspected Drug Us	Se					
	Ľ	Drug & Alcohol	NO		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				
6	001	Drug Type									
		Individual Condition									
		APPEARED NORI	MAL								