

6TL09N3P4M
18-00537

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 18-00537		Investigating Officer/Deputy DEPUTY C. FRANK	
Crash Date 01/15/2018		Crash Time 08:54 AM		Date Arrived 01/15/2018		Time Arrived 09:17 AM	
Date Notified 01/15/2018		Time Notified 08:57 AM		Total Units 01		Total Injured 00	Total Killed 00
<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 NO		Tags	
<input type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

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

SLIDE OFF. PULL OUT ONLY.

Location

ON CTH H/ CTHH EB 1109 FT W OF BIRCHWOOD SPUR IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.616128689	Longitude -89.834415851
	X Coordinate 271288.5625	Y Coordinate 4833142.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH		First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) WET, SNOW, SLUSH, ICE		Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) CLOUDY, 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	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With DITCH		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	

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Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL		
Truck Bus or HazMat NO						
Vehicle						
01	01	License Plate Number 455FHF	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1B3HB48B37D340788	Make DODGE	Year 2007	Model CALIBER SX	
UNIT	VEHICLE	Color BLU - BLUE	Body Style 4D - 4DR		Bus Use NOT A BUS	
		Initial Contact Point NON-COLLISION	Vehicle Damage NO DAMAGE			
		Extent Of Damage NO DAMAGE				
		Towed Due To Damage NOT TOWED	Vehicle Removed By INTERSTATE BP			
UNIT	VEHICLE	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors NOT APPLICABLE			
		Driver Prior Action Other				
		Driver Actions SPEED TOO FAST/COND				
01	01	Driver Distractions NOT DISTRACTED				
		Owner Name CATHERINE TROJAN (608) 254-8620	Owner Address 55 W ILLINOIS AVE WISCONSIN DELLS, WI 53965 , US			
Sequence Of Events						
UNIT	04	01 Event DITCH				
		02 Event				
		03 Event				
		04 Event				
Policy Holder						
UNIT	Individual	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	Individual CATHERINE TROJAN			
		Citations Issued 0		Sex FEMALE		

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UNIT 01	INDIVIDUAL 001	Driver CATHERINE TROJAN (608) 254-8620		Date of Birth	Race WHITE	
		Address 55 W ILLINOIS AVE WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance		
		Helmet Use		Tint Compliance		
		Eye Protection		Airbag NON DEPLOYED		
		Injury	Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICABL		
		Ejected NOT EJECTED		Trapped/Extricated NOT TRAPPED		EMS Run #
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		Date of Death
		Hospital		Time of Death		
UNIT 01	INDIVIDUAL 001	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
		Drug Type				
		Individual Condition APPEARED NORMAL				