

6TL09KMLX1
18-00995

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 18-00995	Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 01/28/2018		Crash Time 08:25 AM	Date Arrived 01/28/2018	Time Arrived 08:32 AM	
Date Notified 01/28/2018		Time Notified 08:26 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 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

<p>Diagram</p>	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 S/B ON USH 12 WHEN DRIVER STATES SHE BELIEVED SHE RAN OVER A PIECE OF TIRE TREAD AND LOST CONTROL ON THE SLIPPERY SNOW COVERED ROADS BECAUSE OF THAT. UNIT 1 SPUN SIDEWAYS AND HIT THE GUARD RAIL AND THEN WENT DOWN INTO THE DITCH.

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions SPEED TOO FAST/COND			
01	01	Driver Distractions NOT DISTRACTED			
		Owner Name LORENE HECK HAMMER (608) 547-9622		Owner Address 411 W MILWAUKEE ST MAUSTON, WI 53948 , US	
Sequence Of Events					
UNIT	01	Event GUARDRAIL FACE			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company AMERIPRISE-INSURANCE-COMPANY		Individual LORENE HECK HAMMER	
UNIT	INDIVIDUAL	Driver LORENE HECK HAMMER (608) 547-9622		Citations Issued 0	Sex FEMALE
		Address 411 W MILWAUKEE ST MAUSTON, WI 53948 , US		Date of Birth	
01	001	On Duty Crash		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment	Safety Equipment SHOULDER & LAP BELT		Helmet Compliance
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Use	
		Eye Protection		Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED

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UNIT	INDIVIDUAL	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	
		Drug Type				
		Individual Condition APPEARED NORMAL				
Property Owner						
PROP OWNER	01	Government SAUK COUNTY HWY DEPT (608) 356-3855			Address 620 STH 136 PO BOX 26 BARABOO, WI 53913 , US	
		Fixed Objects Struck				
01	Striking Unit 01		Struck Object GUARDRAIL FACE		Structure Number	Damage Tag Number 238223