

6TL09426R2  
18-01336

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 <b>18-01336</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>02/05/2018</b>		Crash Time <b>04:40 PM</b>	Date Arrived <b>02/05/2018</b>	Time Arrived <b>04:55 PM</b>	
Date Notified <b>02/05/2018</b>		Time Notified <b>04:47 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram  	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS NORTH BOUND ON HY 12 JUST NORTH OF FERN DELL RD. THE OPERATOR OF UNIT 1 LOST CONTROL OF THE VEHICLE. UNIT 1 SWERVED TOWARDS THE CENTER CONCRETE BARRIER. UNIT 1 STRUCK THE BARRIER AT ITS FRONT DRIVER SIDE AREA. THE VEHICLE THEN STRUCK IT WITH ITS REAR DRIVER'S SIDE AREA. UNIT 1 SUSTAINED SEVERE DAMAGE. IT DID NOT APPEAR THE CONCRETE BARRIER SUSTAINED ANY DAMAGE.

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## Location

ON USH12 WB 424 FT S OF RAMP IH90 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.564518011</b>	Longitude <b>-89.778275684</b>
	X Coordinate <b>275626.9375</b>	Y Coordinate <b>4827257</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>CONCRETE TRAFFIC BARRIER</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET, SNOW, SLUSH</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>CLOUDY, SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

<b>UNIT</b> <b>01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements		
	Total Occs <b>3</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>4</b>		
	Most Harmful Event: Collision With <b>CONCRETE TRAFFIC BARRIER</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	<b>UNIT</b> <b>01</b> <b>VEHICLE</b> <b>01</b>	<b>Vehicle</b>					
		License Plate Number <b>WARRN3</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1B3HB48B57D154458</b>		Make <b>DODGE</b>	Year <b>2007</b>	Model <b>CALIBER SX</b>			
Color <b>BLU - BLUE</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>			
Initial Contact Point <b>12--FRONT</b>		Vehicle Damage <b>7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 11--LEFT FRONT CORNER, 12--FRONT</b>					
Extent Of Damage <b>DISABLING DAMAGE</b>							

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors  <b>NOT APPLICABLE</b>		
		Driver Prior Action Other			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	01	Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>KIRSTIN WARREN (608) 270-4284</b>	Owner Address <b>621 SYCAMORE ST SAUK CITY, WI 53583 , US</b>		
<b>Sequence Of Events</b>					
UNIT	INDIVIDUAL	01	Event <b>CONCRETE TRAFFIC BARRIER</b>		
		02	Event		
		03	Event		
		04	Event		
<b>Policy Holder</b>					
UNIT	INDIVIDUAL	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>	Individual <b>KIRSTIN WARREN</b>		
		Driver <b>KIRSTIN WARREN (608) 270-4284</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
UNIT	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>		
		Address <b>621 SYCAMORE ST SAUK CITY, WI 53583 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	001	<b>Equipment</b>	On Duty Crash	Safety Equipment  <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>			
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>	

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UNIT	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>DEVON CHAMBERS</b> <b>(608) 370-9064</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth	Race <b>BLACK</b>		
		Address <b>2477 PARKER PL</b> <b>MADISON, WI 53713 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		

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UNIT 01	INDIVIDUAL	Action					
		Action Other					
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>			
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		UNIT 01	INDIVIDUAL	<b>Individual</b>			
				Passenger <b>DEZTINY CHAMBERS (608) 270-4284</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
						Date of Birth	Race <b>ASIAN</b>
Address <b>621 SYCAMORE ST SAUK CITY, WI 53583 , US</b>				Driver License Number			
<b>Equipment</b>	On Duty Crash			Safety Equipment			
	Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>			<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>			Airbag <b>NON DEPLOYED</b>			
	Ejected <b>NOT EJECTED</b>			Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #			
	Hospital		Date of Death	Time of Death			
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School		

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UNIT          01	INDIVIDUAL	Action			
		Action Other			
	003	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition			
		<b>APPEARED NORMAL</b>			