

6TL09KMLX2
18-01238

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 18-01238	Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 02/03/2018		Crash Time 08:50 AM	Date Arrived 02/03/2018	Time Arrived 09:02 AM	
Date Notified 02/03/2018		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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	<p>Reconstruction By</p> <hr/> <p>Photos By</p> <hr/> <p>Additional Information NONE</p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS E/B EXITING THE INTERSTATE AT THE 92 EXIT ONTO USH 12 WHEN THE DRIVER STATED HER FRONT DRIVERS SIDE WHEEL CAME OF DAMAGING HER FENDER AND WHEEL WELL AREA.

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CRASH REPORT

Location

ON RAMP IH90 EB 616 FT N OF USH12 EB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude 43.566732937	Longitude -89.778716439
	X Coordinate 275599.5625	Y Coordinate 4827504.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event OTHER NON-COLLISION	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
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 YES	Junction Location EXIT RAMP	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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 1	
	Most Harmful Event: Collision With OTHER NON-COLLISION		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way ONE-WAY TRAFFIC		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature CURVE RIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle					
	License Plate Number AAA1916		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 3C8FY4BB21T547783		Make CHRYSLER	Year 2001	Model PT CRUISER	
	Color GRN - GREEN		Body Style VN - VAN		Bus Use NOT A BUS	
	Initial Contact Point 11--LEFT FRONT CORNER		Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE		10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER			

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER		
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors WHEELS		
		Driver Prior Action Other				
		Driver Actions NO CONTRIBUTING ACTION				
01	01	Driver Distractions NOT DISTRACTED				
		Owner Name MILA SCHROEDER (715) 514-7875		Owner Address 321 MAIN ST E MENOMONIE, WI 54751 , US		
		Sequence Of Events				
		01	Event OTHER NON-COLLISION			
02	Event					
03	Event					
04	Event					
UNIT	INDIVIDUAL	Individual				
		Driver MILA SCHROEDER (715) 514-7875		Citations Issued 1	Sex FEMALE	
		Date of Birth		Race WHITE		
		Address 321 MAIN ST E MENOMONIE, WI 54751 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Equipment		On Duty Crash		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury		Injury Severity NO APPARENT INJURY		
		Airbag		NON DEPLOYED		
01	001	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		
		Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED		
		EMS Agency Identifier		EMS Run #		

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UNIT	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					
	01	Violations				
UTC Number AE137817		Issue To? 001	Statute Number 344.62(1)	Seq Num 001	Description OPERATE MOTOR VEHICLE W/O INSURANCE	