

6TL0B3P3CK  
18-01243

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>18-01243</b>		Investigating Officer/Deputy <b>DEPUTY S. PARKHURST</b>	
Crash Date <b>02/03/2018</b>		Crash Time <b>12:00 PM</b>		Date Arrived <b>02/03/2018</b>		Time Arrived <b>12:12 PM</b>	
Date Notified <b>02/03/2018</b>		Time Notified <b>12:05 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 checked="" 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

<p>Diagram</p>	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.

OPERATOR OF UNIT 1 WAS TRAVELING SOUTHBOUND ON HERWIG DR. THE ROADWAY WAS AT A STEEP DOWN HILL GRADE AND COVERED IN SNOW. WHILE TURNING RIGHT ONTO SOUTH AVE SHE WAS UNABLE TO MAKE THE CORNER AND STRUCK A STOP SIGN. THE SIGN POST BROKE AND DAMAGE WAS CAUSED TO THE FRONT PASSENGER SIDE OF THE VEH.

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Location

ON SOUTH AVE 22 FT W OF HERWIG RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude <b>43.576013497</b>	Longitude <b>-89.837210237</b>
	X Coordinate <b>270910.8125</b>	Y Coordinate <b>4828695</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>TRAFFIC SIGN POST</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - NOT 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>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>

Unit Summary

01 UNIT	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>2</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>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>TRAFFIC SIGN POST</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</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>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>				

01 UNIT	01 VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>600ZCX</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2C3HD46R7YH439566</b>	Make <b>CHRYSLER</b>	Year <b>2000</b>	Model <b>CONCORDE L</b>
		Color <b>GLD - GOLD</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage  <b>12--FRONT</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>				

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By		
		What Driver Was Doing <b>RIGHT TURN</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>FAILURE TO CONTROL</b>				
01	01	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>JESSICA GOOD (608) 963-5027</b>		Owner Address <b>838 K ST REEDSBURG, WI 53959 , US</b>		
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>TRAFFIC SIGN POST</b>			
		02	Event			
		03	Event			
		04	Event			
<b>Policy Holder</b>						
Insurance Company <b>STATE-FARM-COUNTY-MUTUAL-INS-CO-OF-TEX</b>		Individual <b>JESSICA GOOD</b>				
<b>Individual</b>						
Driver <b>JESSICA GOOD (608) 963-5027</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>		
Address <b>838 K ST REEDSBURG, WI 53959 , US</b>		Date of Birth				
		Race <b>WHITE</b>				
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>						
<b>Equipment</b>		On Duty Crash		Safety Equipment		
Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
01	001	<b>Injury</b>		Airbag		
		Injury Severity <b>NO APPARENT INJURY</b>		<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>SOPHIA SCHAEFER</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>838 K ST REEDSBURG, WI 53959 , US</b>		Driver License Number			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>9--THIRD SEAT-RIGHT SIDE</b>		<b>BOOSTER SEAT</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	INDIVIDUAL	Action			
		Action Other			
	01	002	<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>		

**Property Owner**

PROP OWNER	01	Government <b>TOWNSHIP OF DELLONA</b> (608) 524-0800	Address <b>E8062 CTH H</b> <b>REEDSBURG, WI 53959 , US</b>
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**Fixed Objects Struck**

01	Striking Unit <b>01</b>	Struck Object <b>TRAFFIC SIGN POST</b>	Structure Number	Damage Tag Number <b>337623</b>
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