

6TL09N3P4R  
18-01279

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>18-01279</b>		Investigating Officer/Deputy <b>DEPUTY C. FRANK</b>	
Crash Date <b>02/04/2018</b>		Crash Time <b>06:45 AM</b>		Date Arrived <b>02/04/2018</b>		Time Arrived <b>07:42 AM</b>	
Date Notified <b>02/04/2018</b>		Time Notified <b>07:29 AM</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 type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<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. NO DAMAGE

**Location**

ON RAINBOW RD 163 FT W OF USH14 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.17950351</b>	Longitude <b>-90.056411345</b>
	X Coordinate <b>251595.71875</b>	Y Coordinate <b>4785284.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>DITCH</b>		First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW, SLUSH</b>		Roadway Factor(s) <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>NONE</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**

UNIT 01	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>1</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>EASTBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</b>	Total Lanes <b>2</b>	
Most Harmful Event: Collision With <b>DITCH</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	

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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>LEVEL</b>	
Truck Bus or HazMat <b>NO</b>				
<b>Vehicle</b>				
01 UNIT VEHICLE	License Plate Number <b>385THS</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G8ZN128X1Z240486</b>	Make <b>SATURN</b>	Year <b>2001</b>	Model <b>SC1</b>
	Color <b>TAN - TAN</b>	Body Style		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>NON-COLLISION</b>	Vehicle Damage		
	Extent Of Damage <b>NO DAMAGE</b>	<b>NO DAMAGE</b>		
	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>	Vehicle Removed By <b>GEORGES AUTO BODY</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
	Driver Prior Action Other	<b>TIRES</b>		
	Driver Actions <b>SPEED TOO FAST/COND</b>			
	Driver Distractions <b>NOT DISTRACTED</b>			
Owner Name <b>KRISTEN BRISTOL (608) 574-6919</b>	Owner Address <b>E5296 CR WC SPRING GREEN, WI 53588 , US</b>			
<b>Sequence Of Events</b>				
01 02 03 04 UNIT	Event <b>DITCH</b>			
	Event			
	Event			
	Event			
<b>Policy Holder</b>				
Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>		Individual <b>KRISTEN BRISTOL</b>		
<b>Individual</b>				
Citations Issued <b>0</b>			Sex <b>MALE</b>	

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UNIT 01	INDIVIDUAL 001	Driver <b>CODY MAXWELL</b> (608) 574-2040		Date of Birth	Race <b>WHITE</b>	
		Address <b>E4798 KENNEDY RD</b> <b>SPRING GREEN, WI 53588 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<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 Use		Tint Compliance		
		Eye Protection		Airbag <b>NON DEPLOYED</b>		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		
		Ejected <b>NOT EJECTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>		EMS Run #
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		Date of Death
		Hospital		Time of Death		
UNIT 01	INDIVIDUAL 001	<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>				