# 6TL0BJ1GGJ 18-01386

# **WISCONSIN MOTOR VEHICLE CRASH REPORT**

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913** (608) 356-4895

Document Number Override			18-01386		Investigating Officer/Deputy DEPUTY J. MACASKILL			
Crash Date <b>02/07/2018</b>	Crash Time 04:30 AM		Date Arrived <b>02/07/2018</b>		Time Arrived 04:55 AM			
Date Notified <b>02/07/2018</b>	Time Notified 04:32 AM		Total Units <b>01</b>		Total Injured <b>00</b>	Total Kille		
On Emergency Hi	t and Run	Lane Clos	ure	☐ Work Zone	Trailer	or Towed	Reporting Threshold	
Government Property	Active So	chool Zone	School NO	Bus Related	Tags		•	
Reportable	Crash Type DT4000 (STA	ANDARD CRASH	H)		Amend	ed	Secondary Crash	
<b>Description</b>								
Diagram						Photos By  Additional Info		
	N	on Reportable						
		Slide off						
✓ I, a sworn law enforceme	ent officer, agr	ee that I have n	ot adde	d any CJIS data in th	is report.			
ON 2/7/18 AT 0430, UNIT 1 WAS THE RIGHT. UNIT 1 STATED THE THEN WENT OFF THE ROADWA	EY MADE CONTA	ACT WITH A GUAF	RD RAIL	BUT CAUSED NO DAMA	AGE. UNIT 1 THE	N CORRECTE	D TO THE LEFT AND	

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Location

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1	1082 DF 2	CTHH WB 2 FT W ACORN LN				Latitude 43.5894			-89.949	9960006
		HE TOWN OF DELLO	NA			261859.3	34375		483050	
						Structure NO STR	Type UCTURE			
C	ra	sh Scene								
F	irst	Harmful Event				First Harm	nful Event L	ocation		
	OIT					ON ROA				
		ner of Collision				Light Condition DARK/UNLIT				
		COLLISION W/VEHICI	LE IN TRANSPORT							
		d Surface Condition(s)				Roadway	Factor(s)			
1	SNC	DW .								
E	nvii	ronment Factor(s)				1				
1	101	NE				NONE	NONE			
٧	Vea	ther Condition(s)				7				
(	CLE	AR								
1	Anim	nal Type				Relation T	o Trafficwa	N/		
ľ		idi 1900					CWAY - O	•		
	Cras	h Classification - Location						Jurisdiction		
F	PUE	BLIC PROPERTY				NO SPECIAL JURISDICTION				
T	Tribal Land					Access Control Special Study NO CONTROL			Special Study	
٧	Vithi	in Interchange Area	Intersection							
1	10		NON-JUNCTION		NOT AN	INTERSE	CTION			
Ū	nit	Summary =								
		Status		Vehicle Ope	erating As C	lassification	ı	Unit Type		
I	IN TRANSIT				D CLASS			AUTOMOBILE		
_		cle Type				Operating As Endorsements				
		SENGER CAR	Train/Bus # Injured	17.1	[=			ers Total HazMat Types		
1		Occs	Total # Citat	tions Issued	d Total Traile		ers	0	mat Types	
		ance?	Direction Of Travel		Cunnik Time	Coodlin		nit	Total Lan	es
١.	/ES		EASTBOUND		CrashTire Mark		55		2	
	√lost	Harmful Event: Collision V	Special Fun				Emergency Motor Vehicle Use			
ء  د	OIT	СН	NO SPEC	IAL FUNC	TION		NOT APPLICABLE			
٦	raff	ic Way		Traffic Cont	rol			Traffic Control Inoperative/Missing		
		D-WAY, NOT DIVIDED		NO CONT				Road Grade LEVEL		
		ace Type	C)	Road Curva						
		CKTOP (BITUMINOU:	5)	STRAIGH	<u> </u>					
	100 10	K Bus Of Haziviat								
		Vehicle								
		License Plate Number		Plate Type			St	Country of Is	suance	
		660YGN		AUT - AUTOMOBILE		WI	UNITED STATES			
		Vehicle Identification Nun	Make			Year	Model			
5 3	01	1GNET13M56216590	CHEVRO	CHEVROLET		2006	TRAILBLAZE			
		Color	Body Style	Body Style			Bus Use			
		WHI - WHITE		UT - SPORT UTILITY VEHICLE NOT A BUS						
	LE	Initial Contact Point	Vehicle Da	Vehicle Damage						
	EHICL	1RIGHT FRONT CO	1RIGHT	1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 3RIGHT SIDE MIDDLE, 4						
<b>o</b> [	EF	Extent Of Damage  MINOR DAMAGE		RIGHT SIDE REAR, 5RIGHT REAR CORNER						
	>	TOR DAMAGE								
iscons	sin N	Motor Vehicle Crash	TI	his report does not	include any	CJIS data.			Crash Date	e <b>02/07/2018</b>

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		Towed Due To Dama	age		nicle Removed By							
		NOT TOWED			ERATOR							
		What Driver Was Doing			Vehicle Factors							
		GOING STRAIGHT  Driver Prior Action Other			T APPLICABLE							
		Driver Prior Action Of	iner	'•	NOT ALL LICABLE							
		Driver Actions										
	щ	FAILED TO KEEP IN DESIGNATED LANE, OVER-CORRECTING/OVER-STEERING										
⊑ا	C											
LIND	VEHICL											
	K											
		Driver Distrections										
		Driver Distractions										
_	_											
2	0											
		Owner Name			Owner Address							
		CATHERINE MUTCHLER			439 S WALNUT ST							
		(608) 844-7144			REEDSBURG, WI 53959, US							
	,	Sequence Of E	vents									
	7	Event RUN OFF ROADW	VAY RIGHT									
		Event										
	02	CROSS CENTERI	LINE									
	Fyent											
	03	RUN OFF ROADW	VAY LEFT									
	04	Event DITCH										
LNO	ı	Policy Holder Insurance Company Individual										
5		OHIO-INDEMNITY	/-CO		ndividual  CATHERINE MUTCHLER							
	ŀ	Individual										
	ï	Driver		10	Citations Issued	Sex						
	_	CATHERINE MUTCHLER (608) 844-7144			)	FEMALE						
	JA				Date of Birth	Race						
⊨∣	INDIVIDUA					WHITE						
EN O	$\leq$	Address 439 S WALNUT ST REEDSBURG, WI 53959 , US			Driver License Number							
	Z				STATE: WISCONSIN COUNTRY: UNITED STATES							
			On Duty Crash	5	Safety Equipment							
		Equipment										
		Seat Position			SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY										
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
		,										
5	60	Injury Severity			Airbag							
0 5		Injury			NON DEPLOYED							
		Ejected   NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED						
		MOI ENECIED			NOT EJECTED/NOT APPLICABL	NOI IKAFFED						

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		Medical Transport			EMS Agency Ident	fier	EMS Run #	
		NOT TRANSPORT	TED					
		Hospital			Date of Death		Time of Death	
						1.		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School
		Action		•				
	_							
_	INDIVIDUAL							
UNIT	<u> </u>							
)	$\leq$							
	Z							
		Action Other						
	L	Drug & Alcohol	NO Suspected Alcohol	Use	Suspected Drug Us	se		
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN			Drug Test Type		Drug Toot Dooulto	
		Drug Test Given TEST NOT GIVEN	I		Diug Test Type		Drug Test Results	
01	001	Drug Type			•			
	0							
		Individual Condition						
		ASLEEP OR FATI	GUED					