



6TL0B3P3CQ  
18-01648

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

ON E4551A DOUGLAS RD (2) 844 FT E OF CANARY CT (FIRE E4551A)  IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude <b>43.58813104</b>	Longitude <b>-90.099671946</b>
	X Coordinate <b>249767.703125</b>	Y Coordinate <b>4830798.5</b>
	Structure Type <b>FIRE</b>	

Crash Scene

First Harmful Event <b>OTHER POST, POLE OR SUPPORT</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>SLUSH</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>OTHER POST, POLE OR SUPPORT</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>CURVE RIGHT</b>	Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>01</b>	<b>Vehicle</b>			
		License Plate Number <b>308WKK</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3FA6P0H77DR350275</b>	Make <b>FORD</b>	Year <b>2013</b>	Model <b>FUSION</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>SD - SEDAN</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>12--FRONT</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By		
		What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		Driver Distractions <b>NOT DISTRACTED</b>				
01	01	Owner Name <b>JACOB L WEILAND (608) 790-2043</b>		Owner Address <b>S883A OAK HILL ROAD WISCONSIN DELLS, WI 53965 , US</b>		
<b>Sequence Of Events</b>						
	01	Event <b>OTHER POST, POLE OR SUPPORT</b>				
	02	Event				
	03	Event				
	04	Event				
UNIT	<b>Policy Holder</b>					
	Insurance Company <b>METROPOLITAN-DIRECT-PROPERTY-&amp;-CASUAL</b>			Individual <b>JACOB WEILAND</b>		
UNIT	INDIVIDUAL	Driver <b>JACOB L WEILAND (608) 790-2043</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>S883A OAK HILL ROAD WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>	
				Driver License Number [REDACTED]		
				<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	001	<b>Equipment</b>		On Duty Crash		
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <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>	

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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>JAYDEN T WEILAND</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth [REDACTED]	Race <b>WHITE</b>		
		Address <b>S883A OAK HILL ROAD WISCONSIN DELLS, WI 53965 , US</b>		Driver License Number			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>7--THIRD SEAT-LEFT SIDE (SIDECAR: MOTORC</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				
		<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>				
		<b>Individual</b>				
		Passenger <b>KAYDENCE L WEILAND (608) 790-2043</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
		Address <b>S883A OAK HILL ROAD WISCONSIN DELLS, WI 53965 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>		
	Driver License Number					
UNIT 01	INDIVIDUAL	<b>Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>6--SECOND SEAT-RIGHT SIDE</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 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>			
	01 003			