

6TL0B1714K  
18-01974

# 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>18-01974</b>	Investigating Officer/Deputy <b>DEPUTY I. HANSON</b>	
Crash Date <b>02/24/2018</b>		Crash Time <b>02:10 AM</b>	Date Arrived <b>02/24/2018</b>	Time Arrived <b>02:25 AM</b>	
Date Notified <b>02/24/2018</b>		Time Notified <b>02:14 AM</b>	Total Units <b>01</b>	Total Injured <b>01</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 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 <b>B SCHLOUGH</b>
	Additional Information <b>PHOTOS</b>

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 STATED SHE WAS EAST ON STH 154 WHEN SHE CLAIMED TO SWERVE TO MISS A DEER. OPERATOR STATED SHE HIT SOME ICE ON THE SHOULDER AND LOST CONTROL OF HER VEHICLE. THE VEHICLE ENTERED THE SOUTH DITCHLINE AND STRUCK A UTILITY POLE NEAR A PRIVATE DRIVEWAY. 9109



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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>SHIELDS TOWING</b>			
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
		Driver Prior Action Other		<b>NOT APPLICABLE</b>			
		Driver Actions <b>FAILURE TO CONTROL</b>					
01	01	Driver Distractions <b>OTHER DISTRACTION</b>					
		Owner Name <b>AMANDA MILLARD (608) 490-5755</b>		Owner Address <b>180 WALNUT ST LOGANVILLE, WI 53943 , US</b>			
<b>Sequence Of Events</b>							
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		02	Event				
		03	Event				
		04	Event				
01	001	<b>Individual</b>					
		Driver <b>AMANDA MILLARD (608) 490-5755</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>		
		Address <b>180 WALNUT ST LOGANVILLE, WI 53943 , 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			
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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>LAW ENFORCEMENT</b>		EMS Agency Identifier	EMS Run #				

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UNIT	Hospital <b>REEDSBURG AREA MED CTR</b>		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>YES</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST GIVEN</b>			Alcohol Test Type <b>PRELIMINARY BREATH TEST (P</b>		Alcohol Test Results <b>02</b>
	Drug Test Given <b>TEST NOT GIVEN</b>			Drug Test Type		Drug Test Results
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Violations</b>					
01	UTC Number <b>AI392341</b>		Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Seq Num <b>001</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>
	<b>Property Owner</b>					
01 PROP OWNER	Organization/Company <b>ALLIANT ENERGY</b>			Address <b>4902 N BILTMORE MADISON, WI 53707 1077, US</b>		
	<b>Fixed Objects Struck</b>					
01	Striking Unit <b>01</b>	Struck Object <b>UTILITY POLE</b>			Structure Number	Damage Tag Number