

6TL09426R5
18-02248

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 18-02248	Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 03/03/2018		Crash Time 07:30 PM	Date Arrived 03/03/2018	Time Arrived 08:40 PM	
Date Notified 03/03/2018		Time Notified 08:01 PM	Total Units 01	Total Injured	Total Killed
<input type="checkbox"/> On Emergency	<input checked="" 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 NO		Tags	
<input type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>Spring Valley Rd Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS NORTH BOUND ON SPRING VALLEY RD. UNIT 1 DRIFTED ONTO THE EAST SHOULDER. UNIT 1 STRUCK A MAIL BOX AT THE RESIDENCE OF S6328 SPRING VALLEY RD. UNIT 1 PROCEEDED NORTHBOUND WITHOUT STOPPING.

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Location

ON SPRING VALLEY RD 0.41 MI N OF HILLCREST RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.425355103	Longitude -90.046716212
	X Coordinate 253380.5	Y Coordinate 4812561
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status HIT AND RUN		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With MAILBOX		Special Function UNKNOWN		Emergency Motor Vehicle Use UNKNOWN	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
01 UNIT	Vehicle					
	License Plate Number		Plate Type	St	Country of Issuance	
	Vehicle Identification Number		Make	Year	Model	
	Color		Body Style		Bus Use NOT A BUS	
	Initial Contact Point UNKNOWN		Vehicle Damage			
	Extent Of Damage UNKNOWN		UNKNOWN			

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
		What Driver Was Doing UNKNOWN		Vehicle Factors			
		Driver Prior Action Other		UNKNOWN			
		Driver Actions UNKNOWN					
		Driver Distractions UNKNOWN IF DISTRACTED					
01	01	Owner Name ALAN FOURNIER (608) 727-2077		Owner Address S6328 SPRING VALLEY LOGANVILLE, WI 53943 , US			
		Sequence Of Events					
UNIT	INDIVIDUAL	01	01	Event MAILBOX			
				Event			
				Event			
				Event			
UNIT	INDIVIDUAL	01	001	Individual			
				Individual		Citations Issued	Sex
						Date of Birth	Race
				Address , ,		Driver License Number	
				Equipment	On Duty Crash	Safety Equipment	
				Seat Position			
				Helmet Use		Helmet Compliance	
				Eye Protection		Tint Compliance	
				Injury	Injury Severity	Airbag	
				Ejected		Ejection Path	Trapped/Extricated
				Medical Transport		EMS Agency Identifier	EMS Run #

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UNIT	Hospital		Date of Death		Time of Death	
	Non Motorist		Striking Unit #	Prior Action	Location	To/From School
	Action					
	Action Other					
	Drug & Alcohol		Suspected Alcohol Use		Suspected Drug Use	
	Alcohol Test Given			Alcohol Test Type	Alcohol Test Results	
	Drug Test Given			Drug Test Type	Drug Test Results	
	Drug Type					
	Individual Condition					
	01	001				