18-02357

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	ate Crash Time		Agency Crash Number 18-02357		Investigating Officer/Deputy DEPUTY A. BREUNIG			
-	Crash Date 03/06/2018						Arrived 2 AM		
OILUDINZLW	Date Notified Time Notified 07:54 AM			Total U 01	nits	Total Injured Total Killed		t	
ם ס	On Emergency Hit and Run Lane Clo				☐ Work Zone	Trailer or Towed		Reporting Threshold	
0	Government Property		chool Zone	NO School	Bus Related	Tags			
	Reportable	Crash Type DT4000 (STA	ANDARD CRASH	H)		Amend	led	Secondary Crash	
Į	Diagram								
	Diagraffi				©		Photos By	ТБУ	
	NOT TO SCALE	INDIAN T	RAIL PKWY		CTH A	<u> </u>	Additional Info	rmation	
}	I, a sworn law enforceme	ent officer, agr	ee that I have no	ot added	I any CJIS data in th	is report.	l		
-	UNIT 1 WAS TRAVELING SOUTH SOME SNOW AND SLUSH. UNIT IN THE SNOW. UNIT 1 HAD MIN	Γ 1 LOST CONTE							

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Crash Date 03/06/2018

Crash Time 07:50 AM

	Loc	ation								
	ON CTHA SB						Latitude		Longitud	le
	74 FT S						43.582810743		_	853717
	_	INDIAN TRAIL PKWY		X Coordinate			Y Coordinate			
		THE TOWN OF DELTO SAUK COUNTY		278958.5		482918				
	IIN 3	BAUK COUNTY				Structure 7	Type			
					71 -					
	Cra	sh Scene								
•	First	Harmful Event				First Harm	ıful Event Lo	ocation		
	DIT	СН				ON ROA	DWAY			
	Manı	ner of Collision				Light Condition				
	NO	COLLISION W/VEHIC	LE IN TRANSPORT			DAYLIGI				
		d Surface Condition(s)				Roadway	Factor(s)			
	SNC						(-,			
	Envi	ronment Factor(s)								
	NON	NE				NONE				
	Wea	ther Condition(s)								
	CLC	DUDY								
	Anim	nal Type				Relation To Trafficway				
						TRAFFICWAY - ON ROAD				
		h Classification - Location				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
	Triba	al Land				Access Control Special Study			Special Study	
					NO CONTROL					
	NO.	in Interchange Area	Junction Location NON-JUNCTION			ction Type AN INTERSECTION				
	11!	· C								
		t Summary -		I Vahiala Oa		!6 4		Lusa		
	Unit	Status		Vehicle Ope	-	assification		Unit Type		
	Unit IN T	Status RANSIT		Vehicle Ope	-	assification		AUTOMO		nanta
5	Unit IN T Vehice	Status 'RANSIT cle Type	F		-	assification				nents
5	Unit IN T Vehi	Status RANSIT cle Type ORT) UTILITY VEHICL		D CLASS				AUTOMO Operating A	s Endorser	
5	Unit IN T Vehi	Status 'RANSIT cle Type	E Train/Bus # Injured				Total Trail	AUTOMO Operating A	s Endorser	ments Mat Types
5	Unit IN T Vehic (SPC Total 1	Status RANSIT cle Type ORT) UTILITY VEHICL		Total # Citat			Total Trail	AUTOMO Operating A	s Endorser	Mat Types
5	Unit IN T Vehic (SPC Total 1 Insur YES	Status RANSIT cle Type ORT) UTILITY VEHICL I Occs rance?	Train/Bus # Injured Direction Of Travel SOUTHBOUND	Total # Cital	tions Issued CrashTire Mark		Total Trail	AUTOMO Operating A ers	Total Hazi	Mat Types es
	Unit IN T Vehic (SPC Total 1 Insur YES	Status TRANSIT Cle Type ORT) UTILITY VEHICL I Occs rance? 6 t Harmful Event: Collision \	Train/Bus # Injured Direction Of Travel SOUTHBOUND	Total # Citat Pre Special Fun	tions Issued CrashTire Mark ction		Total Trail 0 Speed Lim	AUTOMO Operating A ers iit Emergency	Total Hazi Total Lane 2 Motor Vehi	Mat Types es
	Unit IN T Vehic (SP) Total 1 Insur YES Most DIT(Status FRANSIT Cle Type ORT) UTILITY VEHICL I Occs rance? 6 It Harmful Event: Collision \	Train/Bus # Injured Direction Of Travel SOUTHBOUND	Total # Citat Pre Special Fun NO SPEC	CrashTire Mark Iction		Total Trail 0 Speed Lim	AUTOMO Operating A ers iit Emergency NOT APP	s Endorser Total Hazi Total Lane 2 Motor Vehi LICABLE	Mat Types es cle Use
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		Towed Due To Dama	ge		icle Removed By				
NOT TOWED					ATTS WRECKER				
		What Driver Was Doing		Veh	Vehicle Factors				
		GOING STRAIGHT		NO	T APPLICABLE				
		Driver Prior Action Other			-				
		Driver Actions		1					
	щ	FAILURE TO CON	ITROL						
L	걸								
5	VEHICL								
	>								
		Driver Distractions							
		UNKNOWN IF DIS	TRACTED						
_	_								
2	2								
		Owner Name		1	Owner Address				
		KRISTINE FOOTIT			3524 9TH AVE				
		(608) 586-4568			WISCONSIN DELLS, WI 53965 , US				
	;	Sequence Of E	vents						
	5	Event DITCH							
	7	Event							
20 Evenir									
	03	Event							
	40	Event							
FIND		Policy Holder Insurance Company							
5		STATE-FARM-GENERAL-INS-CO			ndividual (RISTINE FOOTIT				
		Individual							
		Driver		LC	itations Issued	Sex			
		KRISTINE FOOTI	т	ľ	mation bodou	FEMALE			
	₹	(608) 586-4568		D	ate of Birth	Race			
⊨ ا	INDIVIDUAL					WHITE			
FINAL PROPERTY.	≥	Address 3524 9TH AVE WISCONSIN DELLS, WI 53965, US		D	Driver License Number				
_	Z			STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty Crash	S	afety Equipment				
		Equipment	,						
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use		SHOULDER & LAP BELT					
				Н	Helmet Compliance				
		Eye Protection			Tint Compliance				
					•				
2	001	Injury	Injury Severity NO APPARENT INJURY		irbag ION DEPLOYED				
		Ejected NO AFFARENT INJURY			jection Path	Trapped/Extricated			
		NOT EJECTED			IOT EJECTED/NOT APPLICABL	NOT TRAPPED			

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		Medical Transport			EMS Agency Identifier		EMS Run #	
		NOT TRANSPORT	TED		Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School
		Action		L		l		1
	A H							
LIND	INDIVIDUAL							
5	\geq							
	Z							
		Action Other						
	L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug U	se		
		Alcohol Test Given TEST NOT GIVEN	l		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	I		Drug Test Type		Drug Test Results	
10	001	Drug Type					1	
		Individual Condition						
		APPEARED NOR	MAL					