18-02337

### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

				(000) 330-4093
Document Number Override	Primary Crash Document #	Agency Crash Number 18-02337	Investigating Officer/De	
Crash Date 03/05/2018	Crash Time 08:00 PM	Date Arrived 03/05/2018	Time Arrived 08:52 PM	
Date Notified 03/05/2018  On Emergency  Government Property	Time Notified 08:30 PM	Total Units <b>01</b>	Total Injured Total 00 00	al Killed
On Emergency	Hit and Run Lane Cl		Trailer or Towe	Reporting Threshold
Government Property	Active School Zone	School Bus Related NO	Tags	
<b>▼</b> Reportable	Crash Type DT4000 (STANDARD CRA	SH)	Amended	Secondary Crash
<b>Description</b>				
Diagram		_	Reconstr	ruction By
	/		Photos B	Зу
			Additiona <b>NONE</b>	al Information
			132112	
		(		
		i (		
	\ <sub> </sub>			
hw	yy 60	7		
		-n		
	 	not to	scale	
		11000	Gene	
	Consequence	3)		
	ement officer, agree that I have			
UNIT 1 WAS TRAVELING WE IN IN THE DITCH.	ST BOUND ON HWY 60. UNIT 1 LC	OST CONTROL OF VEHICLE DUE	TO SNOWY ROAD CONDIT	IONS. UNIT 1 CAME TO REST
1				

### 6TL09QKRC4 18-02337

Location

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Crash Time 08:00 PM

4	ON STH60 WB 498 FT N OF CASSELL RD IN THE TOWN OF TROY IN SAUK COUNTY				Latitude 43.207836476 X Coordinate			Longitude -89.874406059		
					_	oordinate 5 <b>496.84375</b>		Y Coordinate 4787907		
"	14 3	AUR COUNTY				cture Type STRUCTURE				
C	ras	sh Scene								
		Harmful Event			Firs	t Harmful Event I	ocation			
	OTIC	СН				OULDER RIGI				
N	/lanr	ner of Collision			Ligh	nt Condition				
N	10	COLLISION W/VEHIC	LE IN TRANSPORT		DARK/UNLIT					
F	Road	Surface Condition(s)			Roadway Factor(s)					
۷	۷E٦	r, SNOW, ICE								
E	nvir	onment Factor(s)								
٧	VE/	ATHER CONDITIONS			ET		CONDITION	I (WET, ICY, SNOW, SLUSH,		
٧	Veat	her Condition(s)								
C	CLO	UDY, SNOW, BLOWI	NG SNOW							
A	nim	al Type			Rela	ation To Trafficwa	av			
		,,				AFFICWAY - C	•			
C	Cras	h Classification - Location	]		Cras	sh Classification	- Jurisdiction			
F	PUB	LIC PROPERTY			NO	SPECIAL JUI	RISDICTION			
Т	riba	l Land				ess Control CONTROL		Special Study		
V	Vithi	n Interchange Area	Junction Location		Intersection Typ	oe .				
	10	· ·	NON-JUNCTION		NOT AN INT					
Ū	nit	Summary =			l					
		Status		Vehicle Ope	erating As Classif	ication	Unit Type			
П	IN TRANSIT			D CLASS	) CLASS			BILE		
$\overline{}$	Vehicle Type					Operating As Endorsements				
,		ORT) UTILITY VEHIC								
		Occs	Train/Bus # Injured	Total # Citat	tions Issued	Total Tra	ilers	Total HazMat Types		
3		0	Direction Of Travel	0		O Canad Li	nn is	O Total Lance		
	nsur <b>′ES</b>	ance?	WESTBOUND		CrashTire Mark	Speed Li 55	mil	Total Lanes		
_		Harmful Event: Collision		Special Fundament		33	Emergency	Motor Vehicle Use		
⊃   ;	)TIC			NO SPEC	IAL FUNCTION	N	NOT APP			
Т	raffi	c Way		Traffic Contr	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing  NO  Road Grade			
Т	wc	-WAY, NOT DIVIDED	)	NO CONT						
		се Туре		Road Curvature						
		CKTOP (BITUMINOU	IS)	CURVE RI	CURVE RIGHT		LEVEL			
	rucl <b>10</b>	Bus or HazMat								
- 1										
	1	/ehicle		1		Loi	10			
		License Plate Number <b>DEY421</b>			Plate Type St IA		Country of Issuance UNITED STATES Model ESCAPE			
		Vehicle Identification Nu	Make	TOMOBILE	Year					
5 3	5	1FMCU9GX9EUE280	FORD		2014					
		Color	Body Style		2014	Bus Use				
		GRY - GRAY	4D - 4DR			NOT A BU	S			
	ц			Vehicle Da	Vehicle Damage					
בּוֹ ב	」	1RIGHT FRONT CO	DRNER							
LIND :	I I	Extent Of Damage	DRNER	1RIGHT	FRONT CORI	NER, UNDERC	ARRIAGE			
LIND I	VEHICL		DRNER	1RIGHT	FRONT CORI	NER, UNDERO	ARRIAGE			

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		Towed Due To Dama									
				EVERETTS TOWING							
		What Driver Was Doi	5	Vehicle Factors							
		GOING STRAIGH		NOT APPLICABLE							
		Driver Prior Action Ot	her	NOT AFFLICABLE							
		Driver Actions									
	щ	NO CONTRIBUTION	NG ACTION								
╘	겅										
LINO	Ĭ										
_	VEHICL										
		Debug Distractions									
		Driver Distractions NOT DISTRACTE	D								
			_								
5	9										
		Owner Name		Owner Address							
		SHAVONDA MOF	RENS	425 E 25TH ST							
		(563) 495-1962		DUBUQUE, IA 52001 ,	US						
	;	Sequence Of E	vents								
	2	Event DITCH									
	Event										
	Event										
	03	Lvent									
	04	Event									
		LPolicy Holder									
LNO		Insurance Company		Individual							
5		AMERICAN-FAMI	LY-INS-CO	SHAVONDA MORENS							
		LIndividual									
		Driver		Citations Issued		Sex					
	_	SHAVONDA MOF	RENS	0		FEMALE					
	INDIVIDUAL	(563) 495-1962		Date of Birth		Race					
╘	ቯ					BLACK					
	$\geq$	Address		Driver License Number							
	불	425 E 25TH ST DUBUQUE, IA 520	001 . US	STATE: IOWA COUNTRY: UNITED STATES							
			, , , ,								
			On Duty Crash	Safety Equipment							
		Equipment									
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
2	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED							
-	J	Ejected	NO AFFARENT INJURT	Ejection Path	Trapped/Extricated						
		NOT EJECTED		NOT EJECTED/NOT APPLICABL NOT TRAPPED							
		i e		i e							

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		Modical Transact			EMC A	fia.	EMC D #		
		Medical Transport			EMS Agency Identifier		EMS Run #		
	NOT TRANSPORTED								
		Hospital			Date of Death Time of Death		Time of Death	- I	
		i i							
			Striking Unit #	Prior Action		Location		To/From School	
		Non Motorist	Striking Onit #	FIIOI ACIIOII		Location		10/FIOIII SCHOOL	
		Action							
	رِـ								
	INDIVIDUAL								
╘	7								
LIND	₹								
$\supset$	$\leq$								
	爿								
	=								
		Action Other							
			Suspected Alcohol L	Jse	Suspected Drug Us	se			
		Drug & Alcohol	NO		NO				
							T		
		Alcohol Test Given	_		Alcohol Test Type		Alcohol Test Results		
		TEST NOT GIVEN	l						
		Drug Test Given			Drug Test Type		Drug Test Results		
		TEŠT NOT GIVEN	l						
	_	Drug Type							
9	901	Drug Type							
•	0								
		1 5 1 10 50							
		Individual Condition							
		APPEARED NOR	MAI						
		AFFEARED NOR	WIAL						
		Individual							
		Passenger			Citations Issued		Sex		
		JAZZLYN ROBIS	ON		0 FEMALE  Date of Birth Race				
	₹	(563) 495-1962					Race		
	INDIVIDUAL				BLACK				
	₽								
5	$\leq$	Address			Driver License Number				
_	爿	425 E 25TH ST							
	<b>Z</b> DUBUQUE, IA 52001 , US								
			On Duty Crash		Cofety Favinment				
		Equipment	On Duty Clash		Safety Equipment				
		Seat Position	eat Position		SHOULDER & L	AP BELT			
		3FRONT SEAT-I	RIGHT SIDE (TRAI	N ENGINEER					
		Helmet Use			Helmet Compliance	9			
		Eye Protection			Tint Oranaliana				
		Eye Protection			Tint Compliance				
5	005	Inium	Injury Severity		Airbag				
0	ŏ	Injury	NO APPARENT I	NJURY	NON DEPLOYE	D			
		Ejected			Ejection Path Trapped/Extricated				
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	NOT TRAPPED		
		Medical Transport							
			TED		EMS Agency Identifier		EMS Run #		
		NOT TRANSPOR	ובט				Time of Death		
		Hospital			Date of Death				
			Striking Unit #	Prior Action	1	Location	To/From School		
		Non Motorist	]						

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Crash Date 03/05/2018

Crash Time 08:00 PM

LINO	INDIVIDUAL	Action							
		Action Other							
	L	Orug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug Us	se			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results		
5	005	Drug Type							
		Individual Condition							
		APPEARED NOR	MAL						
	ı	Individual							
		Passenger CHRISTOPHER BURKLEY			Citations Issued		Sex		
	AL	(563) 495-1962			<b>0</b> Date of Birth		MALE Race		
_	2				Bato of Birth		BLACK		
LIND	INDIVIDUAL	Address 425 E 25TH ST DUBUQUE, IA 52001 , US		Driver License Nur	nber				
		Equipment	On Duty Crash		Safety Equipment				
		Seat Position 5SECOND SEAT-MIDDLE Helmet Use		SHOULDER & LAP BELT					
				Helmet Compliance					
		Eye Protection		Tint Compliance					
5	003	Injury	Injury Severity  NO APPARENT I	NJURY	Airbag NON DEPLOYED				
		Ejected			Ejection Path		Trapped/Extricated		
		NOT EJECTED  Medical Transport			NOT EJECTED/NOT APPLICABL		NOT TRAPPED		
		NOT TRANSPORTED			EMS Agency Identifier EMS Run#				
		Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School	

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Crash Time 08:00 PM

LIND	INDIVIDUAL	Action  Action Other		
	E	Orug & Alcohol Suspected Alcohol Use	Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
01	003	Drug Type		
		Individual Condition  APPEARED NORMAL		
		ATTEMED NORMAL		