

6TL09PBQ8H
18-02340

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 18-02340		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 03/05/2018		Crash Time 08:35 PM		Date Arrived 03/05/2018		Time Arrived 08:48 PM	
Date Notified 03/05/2018		Time Notified 08:35 PM		Total Units 01		Total Injured 01	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</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 WEST ON CTH W. CTH W WAS SNOW-COVERED AND SLIPPERY. UNIT 1 OPERATOR LOST CONTROL ON THE SLIPPERY ROAD. UNIT 1 RAN OFF THE ROAD INTO THE NORTHERN SHOULDER/DITCH. UNIT 1 STRUCK A UTILITY POLE. UNIT 1 CAME TO REST AGAINST THE UTILITY POLE FACING WEST.

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Location

ON CTHW WB 0.28 MI W OF PIKES PEAK RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.445521847	Longitude -89.826601704
	X Coordinate 271274.75	Y Coordinate 4814172.5
	Structure Type	

Crash Scene

First Harmful Event UTILITY POLE	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
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

UNIT	01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With UTILITY POLE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

UNIT	01	Vehicle			
		License Plate Number 960ZUB	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4A3AA46G02E148746	Make MITSUBISHI	Year 2002	Model GALANT
		Color GRY - GRAY	Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage		
Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT				

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MIKES TOWING			
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors TIRES			
		Driver Prior Action Other					
		Driver Actions RAN OFF ROADWAY					
01	01	Driver Distractions UNKNOWN IF DISTRACTED					
		Owner Name ROSHANNON DEAN (608) 898-8791		Owner Address 803 W VANBUREN ST JANESVILLE, WI 53548 , US			
Sequence Of Events							
UNIT	INDIVIDUAL	01	Event UTILITY POLE				
		02	Event				
		03	Event				
		04	Event				
UNIT	INDIVIDUAL	Driver ROSHANNON DEAN (608) 898-8791		Citations Issued 0	Sex FEMALE		
		Address 803 W VANBUREN ST JANESVILLE, WI 53548 , US		Date of Birth	Race BLACK		
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		Safety Equipment SHOULDER & LAP BELT			
		Equipment	On Duty Crash	Helmet Compliance			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Tint Compliance			
		Helmet Use		Airbag NON DEPLOYED			
		Eye Protection		Ejection Path NOT EJECTED/NOT APPLICABL			
		01	001	Injury	Injury Severity SUSPECTED MINOR INJURY	Trapped/Extricated NOT TRAPPED	
				Ejected NOT EJECTED		EMS Agency Identifier 6000368	
				Medical Transport EMS GROUND		EMS Run #	

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Hospital ST CLARE HOSP		Date of Death		Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location		To/From School
		Action						
		Action Other						
		Drug & Alcohol		Suspected Alcohol Use NO		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
		Drug Type						
		Individual Condition APPEARED NORMAL						
		UNIT	INDIVIDUAL	Individual				
Passenger ERATUS GREEN (608) 898-8791				Citations Issued 0		Sex MALE		
				Date of Birth		Race BLACK		
Address 803 W VANBUREN ST JANESVILLE, WI 53548 , US				Driver License Number				
Equipment				On Duty Crash		Safety Equipment		
Seat Position 5--SECOND SEAT-MIDDLE				CHILD RESTRAINT SYSTEM - REAR FACING				
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
Injury				Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED		
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED		
Medical Transport EMS GROUND			EMS Agency Identifier 6000368		EMS Run #			
Hospital ST CLARE HOSP		Date of Death		Time of Death				
Non Motorist		Striking Unit #	Prior Action	Location		To/From School		

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UNIT	INDIVIDUAL	Action			
		Action Other			
	01	002	Drug & Alcohol	Suspected Alcohol Use NO	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
			Drug Type		
			Individual Condition APPEARED NORMAL		

Property Owner

PROP OWNER	01	Organization/Company ALLIANT ENERGY	Address 4902 N BILTMORE MADISON, WI 53707 1077, US
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Fixed Objects Struck

01	Striking Unit 01	Struck Object UTILITY POLE	Structure Number	Damage Tag Number
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