

6TL08S5WTK  
18-03389

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>18-03389</b>		Investigating Officer/Deputy <b>DEPUTY S. SCHRAM</b>	
Crash Date <b>04/03/2018</b>		Crash Time <b>07:54 PM</b>		Date Arrived <b>04/03/2018</b>		Time Arrived <b>08:06 PM</b>	
Date Notified <b>04/03/2018</b>		Time Notified <b>07:54 PM</b>		Total Units <b>01</b>		Total Injured <b>00</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
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TRAVELING NORTHEAST ON COUNTY ROAD H NORTH OF COUNTY ROAD P. UNIT 1 OPERATOR LOST CONTROL OF THE VEHICLE DUE TO THE SNOW COVERED AND SLIPPERY ROAD CONDITIONS. UNIT 1 SPUN 90 DEGREES AND ENTERED THE NORTH DITCH LINE BACKWARDS, BECOMING HUNG UP IN THE DITCH. UNIT 1 SUFFERED DAMAGE TO THE REAR AND FRONT OF THE VEHICLE AND HAD TO BE PULLED FROM THE DITCH BY HOVLANDS TOWING. OPERATOR ID'D THRU VALID WI DL. NO AIR BAG DEPLOYMENT AND NO INJURIES WERE SUSTAINED.

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Location

ON CTHH EB 670 FT N OF CTHP NB IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude <b>43.593645605</b>	Longitude <b>-89.908463874</b>
	X Coordinate <b>265225.8125</b>	Y Coordinate <b>4830852</b>
	Structure Type	

Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW, SLUSH</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - NOT ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>02</b>	Train/Bus # Injured	Total # Citations Issued <b>00</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>02</b>	
	Most Harmful Event: Collision With <b>DITCH</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>01</b>	<b>Vehicle</b>			
		License Plate Number <b>840ZPE</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>4A3AB36S57E078812</b>	Make <b>MITSUBISHI</b>	Year <b>2007</b>	Model <b>GALANT LS/</b>
		Color <b>WHI - WHITE</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>6--REAR, 12--FRONT</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>HOVLANDS</b>	
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>SPEED TOO FAST/COND</b>		
01	01	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>		
		Owner Name <b>TERRIE GANDER (608) 475-4823</b>	Owner Address <b>17045 MAIN STREET #2 RICHLAND CENTER, WI 53581 , US</b>	
<b>Sequence Of Events</b>				
UNIT	01	Event <b>DITCH</b>		
		Event		
		Event		
		Event		
UNIT	04	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>DANIELLE LARSON</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>DANIELLE LARSON (608) 475-4823</b>	Citations Issued <b>00</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>20 BANCROFT DR RICHLAND CENTER, WI 53581 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		
Helmet Use	Helmet Compliance			
Eye Protection	Tint Compliance			
01	001	<b>Injury</b>	Injury Severity <b>NO APPARENT 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>

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UNIT	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		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>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>TIMOTHY TENNANT (608) 475-9988</b>		Citations Issued <b>00</b>	Sex <b>MALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>20 BANCROFT DRIVE RICHLAND CENTER, WI 53581 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT 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>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		

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UNIT	INDIVIDUAL	Action		
		Action Other		
01	002	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
		Drug Type		
		Individual Condition <b>APPEARED NORMAL</b>		