

6TL08S5WTL
18-03427

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 18-03427	Investigating Officer/Deputy DEPUTY S. SCHRAM	
Crash Date 04/04/2018		Crash Time 06:46 PM	Date Arrived 04/04/2018	Time Arrived 07:04 PM	
Date Notified 04/04/2018		Time Notified 06:46 PM	Total Units 01	Total Injured 00	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 TRAVELING ON HWY 12 SOUTHBOUND NORTH OF COUNTY ROAD Z. UNIT 1'S HOOD LATCH CAME UNDONE CAUSING THE HOOD TO BLOW UP AND SMASH INTO THE WINDSHIELD, SHATTERING IT AND CAUSING DAMAGE TO THE ROOF AND HOOD OF UNIT 1. OPERATOR ID'D AS R.O. THRU VALID WI DL. STATED HE HAD FILLED THE WASHER FLUID RESERVOIR BEFORE LEAVING FROM WONEWOC ENROUTE TO MADISON AND MAY NOT HAVE LATCHED IT ALL THE WAY. NO INJURIES WERE REPORTED AND THE AIR BAGS DID NOT DEPLOY. UNIT 1 WAS REMOVED FROM THE SCENE BY EVERETTS TOWING.

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING		
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
		Driver Prior Action Other		OTHER		
		Driver Actions NO CONTRIBUTING ACTION				
01	01	Driver Distractions NOT DISTRACTED				
		Owner Name AARON CROWDER (608) 432-3373		Owner Address 637 CENTER ST WONEWOC, WI 53968 , US		
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event OTHER NON-COLLISION			
		02	Event			
		03	Event			
		04	Event			
Policy Holder						
Insurance Company AMERICAN-FAMILY-INS-CO		Individual AARON CROWDER				
Individual						
Driver AARON CROWDER (608) 432-3373		Citations Issued 00		Sex MALE		
Address 637 CENTER ST WONEWOC, WI 53968 , US		Date of Birth				
		Race WHITE				
Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES				
Equipment		On Duty Crash		Safety Equipment		
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT				
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
01	001	Injury		Airbag		
		Injury Severity NO APPARENT INJURY		NON DEPLOYED		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED		

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UNIT 01 001	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
	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 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					