

6TL09B7D8Q
18-03934

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 18-03934	Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 04/18/2018		Crash Time 09:15 PM	Date Arrived 04/18/2018	Time Arrived 09:41 PM	
Date Notified 04/18/2018		Time Notified 09:17 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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram	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 EAST BOUND ON HWY 12 WHEN IT HIT SLUSH AND WENT TOWARDS THE WEST DITCH. DRIVER ATTEMPTED TO CORRECT PATH AND OVER CORRECTED COMING TO A REST IN THE EAST MEDIAN FACING EAST. NO DAMAGE TO VEHICLE.

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Location

ON USH12 EB 339 FT S OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.546074863	Longitude -89.787308767
	X Coordinate 274828.6875	Y Coordinate 4825233.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH		First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DARK/UNLIT	
Road Surface Condition(s) WET, SNOW, SLUSH		Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) CLOUDY, 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

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4	
	Most Harmful Event: Collision With DITCH		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

01 UNIT VEHICLE	Vehicle					
	License Plate Number 171YNW		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number		Make CHEVROLET	Year 2005	Model MALIBU	
	Color WHI - WHITE		Body Style 4D - 4DR		Bus Use NOT A BUS	
	Initial Contact Point NON-COLLISION		Vehicle Damage			
	Extent Of Damage NO DAMAGE		NO DAMAGE			

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By CRAIGS TOWING		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE		
		Driver Prior Action Other			
		Driver Actions OVER-CORRECTING/OVER-STEERING			
01	01	Driver Distractions NOT DISTRACTED			
		Owner Name EMMA CAPENER (608) 963-0787	Owner Address S5651 GRANITE LN BARABOO, WI 53913 , US		
Sequence Of Events					
UNIT	INDIVIDUAL	01	Event CROSS MEDIAN		
		02	Event		
		03	Event		
		04	Event		
Policy Holder					
UNIT	INDIVIDUAL	Insurance Company WISCONSIN-COUNTY-MUTUAL-INS-CORP	Individual EMMA CAPENER		
		Driver EMMA CAPENER (608) 963-0787	Citations Issued 0	Sex FEMALE	
UNIT	INDIVIDUAL	Date of Birth	Race WHITE		
		Address S5651 GRANITE LN BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
		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

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL 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				