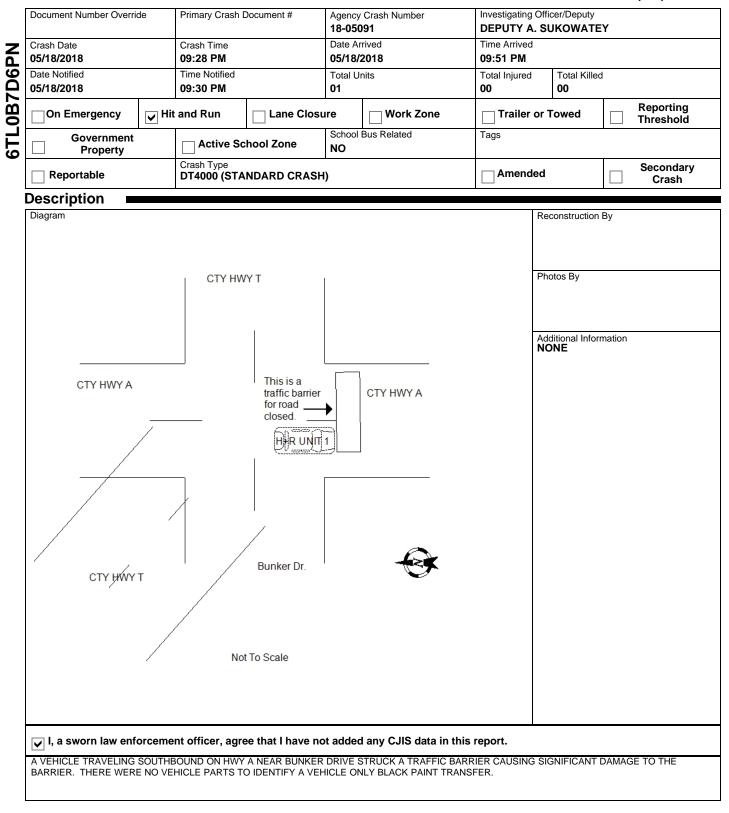
18-05091

WISCONSIN MOTOR VEHICLE CRASH REPORT

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



18-05091

2

UNIT

5

VEHICI

WISCONSIN MOTOR VEHICLE CRASH REPORT

| Leastion — | | | | | | | (000) 000 400 | |
|---------------------------------|---------------------|------------------------|----------------|---|----------------------------|-------------------------|---------------|--|
| | | | Latituda | | | Longitud | 1- | |
| ON CTHA SB | | | | | | | | |
| 54 FT S OF BUNKER DR | | | | 43.56816419 | | | 490326 | |
| IN THE TOWN OF DELTON | | | | X Coordinate Y Coordinate | | | | |
| IN SAUK COUNTY | | | 278853.4 | 6875 | | 482755 | 5.5 | |
| | | | Structure 7 | Гуре | | | | |
| | | | NO STRU | UCTURE | | | | |
| Crash Scene 🛛 🗖 | | | | | | | | |
| First Harmful Event | | | First Harm | ıful Event I | ocation | - | | |
| OTHER TRAFFIC BARR | IER | | ON ROA | ON ROADWAY | | | | |
| Manner of Collision | | | Light Cond | dition | | | | |
| NO COLLISION W/VEHI | | | DARK/U | | | | | |
| Road Surface Condition(s) | | | Roadway | | | | | |
| DRY | | | | ., | | | | |
| Environment Factor(s) | | | _ | | | | | |
| NONE | | | NONE | | | | | |
| Weather Condition(s) | | | _ | | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| Animal Type | | | | Relation To Trafficway TRAFFICWAY - ON ROAD | | | | |
| Crash Classification - Location | n | | Crash Clas | Crash Classification - Jurisdiction | | | | |
| PUBLIC PROPERTY | | | NO SPE | NO SPECIAL JURISDICTION | | | | |
| Tribal Land | | | | Access Control Special Study | | | | |
| | | | | NO CONTROL | | | | |
| Within Interchange Area | Junction Location | | ction Type | | | | | |
| YES | INTERSECTION | FIVE- | POINT, OR N | IORE | | | | |
| Unit Summary 🛛 🗖 | | | | | | | | |
| Unit Status | | Vehicle Operating As | Classification | | Unit Type | | | |
| HIT AND RUN | | D CLASS | | AUTOMOBILE | | | | |
| Vehicle Type | | | | Operating As Endorsements | | | | |
| PASSENGER CAR | | | | | | | | |
| Total Occs | Train/Bus # Injured | Total # Citations Issu | ied | d Total Trail | | lers Total HazMat Types | | |
| 1 | | 0 | | 0 | | 0 | | |
| Insurance? | Direction Of Travel | Pre CrashT | iro | Speed Lin | | nit Total Lanes | | |
| UNKNOWN | UNKNOWN | Mark | le | | | 2 | | |
| Most Harmful Event: Collision | | Special Function | | Emergency | mergency Motor Vehicle Use | | | |
| OTHER TRAFFIC BARR | | UNKNOWN | | | UNKŇOŴN | | | |
| Traffic Way | | Traffic Control | | Traffic Control Inoperative/Missing | | | tive/Missing | |
| UNKNOWN | | UNKNOWN | | UNKNOWN | | | | |
| Surface Type | | Road Curvature | | Road Grade | | | | |
| UNKNOWN | | | UNKNOWN | | | | | |
| Truck Bus or HazMat | | | | | | | | |
| Vehicle | | | | | | | | |
| License Plate Number | | Plate Type | Plate Type | | Country of Issuance | | | |
| | | | | | , | | | |
| Vehicle Identification Number | | Make | | Year | Model | | | |
| Vehicle Identification Number | | | | | WOUGI | | | |
| | | Body Style | Body Style | | Bus Use NOT A BUS | | | |
| | | | | | INCLADU | 5 | | |
| Linitial Contact Point | | Vehicle Damage | | | | | | |

Extent Of Damage

UNKNOWN

18-05091

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Towed Due To Dama | age | Vehicle Removed By | | | | | |
|------|----------------|---------------------------------------|--------------------|---|-----------------------------|--|--|--|--|
| | | NOT TOWED | | OPERATOR | | | | | |
| | | What Driver Was Doi | ng | Vehicle Factors | | | | | |
| | | UNKNOWN | | | | | | | |
| | | Driver Prior Action Of | ther | | | | | | |
| | | Driver Actions | | | | | | | |
| | Щ | UNKNOWN | | | | | | | |
| UNIT | VEHICLE | | | | | | | | |
| 5 | H | | | | | | | | |
| | > | | | | | | | | |
| | | Driver Distractions | | | | | | | |
| | | UNKNOWN IF DISTRACTED | | | | | | | |
| | | | | | | | | | |
| - | - | | | | | | | | |
| 0 | 0 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | Owner Neme | | Owner Address | | | | | |
| | Owner Name | | | Owner Address | | | | | |
| | | | | , , | | | | | |
| | | | | | | | | | |
| | ļ | Sequence Of E | vents | | | | | | |
| | | Event | | | | | | | |
| | 9 | OTHER TRAFFIC BARRIER | | | | | | | |
| | 02 | Event | | | | | | | |
| | | Event | | | | | | | |
| | 8 Event | | | | | | | | |
| | | Event | | | | | | | |
| | 04 | | | | | | | | |
| | l | ndividual | | | | | | | |
| | | Unknown UKNOWN UNKNOWN | | Citations Issued | Sex | | | | |
| | Ļ | | | 0 | | | | | |
| | DIVIDUAL | | | Date of Birth | Race | | | | |
| UNIT | é | A 11 | | | | | | | |
| 5 | Б | Address UNKNOWN UNKNOWN, AL, US | | Driver License Number | | | | | |
| | Z | | | | | | | | |
| | | | | | | | | | |
| | | Equipmont | On Duty Crash | Safety Equipment | | | | | |
| | | Equipment | | | _ | | | | |
| | | | | NONE USED - VEHICLE OCCUPANT | | | | | |
| | | UNKNOWN Helmet Use | | Helmet Compliance | | | | | |
| | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| | | | | | | | | | |
| 01 | 001 | Injury | Injury Severity | Airbag | | | | | |
| 0 | õ | Injury | NO APPARENT INJURY | | | | | | |
| | | | | | | | | | |
| | | NOT APPLICABLE Medical Transport | | NOT EJECTED/NOT APPLICABL EMS Agency Identifier | NOT APPLICABLE EMS Run # | | | | |
| | | NOT TRANSPORTED | | | | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Hospital | | | Date of Death | | Time of Death | | | |
|---------------|--------------------------------------|------------------------------------|-----------------------------------|--------------------|-------------------------------------|----------|----------------------|------------------------------------|--|--|
| | | Non Motorist | Striking Unit # | Prior Action | | Location | | To/From School | | |
| | | Action | | | | | | | | |
| | Ļ | | | | | | | | | |
| F | INDIVIDUAL | | | | | | | | | |
| UNIT | Ξ | | | | | | | | | |
| | QN | | | | | | | | | |
| | _ | | | | | | | | | |
| | | Action Other | | | | | | | | |
| | | | | | | | | | | |
| | Drug & Alcohol Suspected Alcohol Use | | | Suspected Drug Use | | | | | | |
| | | Alcohol Test Given | | | Alcohol Test Type | | Alcohol Test Results | | | |
| | | Drug Test Given | = N | | Drug Test Type | | Drug Test Results | | | |
| | | TEST NOT GIVEN | | | C 1 | | | | | |
| 2 | 001 | Drug Type | | | | | | | | |
| | • | | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | NOT OBSERVE | DT OBSERVED | | | | | | | |
| | Property Owner | | | | | | | | | |
| 01 | | Sovernment SAUK COUNTY HWY DEPT | | | Address 620 STH 136 | | | | | |
| PROP OWNER | | | | | PO BOX 26 BARABOO, WI 53913 , US | | | | | |
| | Fixe | d Objects St | | | | | | | | |
| | 0 | • | Struck Object OTHER TRAFFIC BA | RRIER | | | | Damage Tag Number 238190 | | |