6TL096J8WT

18-05221

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Oocument Number Override	Primary Crash	n Document #	Agenc:	y Crash Number 221	Investigating Of DEPUTY J. S		
Crash Date 05/22/2018	Crash Time 12:41 AM			rrived / 2018	Time Arrived 01:12 AM		
Date Notified 05/22/2018				Jnits	Total Injured Total 01 00		l Killed
On Emergency	Hit and Run	Lane Clo		Work Zone	Trailer or	Towed	Reporting Threshold
Government Property	Active S	School Zone	School NO	Bus Related	Tags		
✓ Reportable	Crash Type DT4000 (ST	ANDARD CRA	SH)		Amended		Secondary Crash
escription =	•				<u>'</u>		
Piagram					Re	econstructio	on By
- Rek					Př	notos By	
	unit 1		5				
I	T)	1)		Ac N	dditional Info	ormation
		1			"	ONL	
			7~				
	1 5		E.	D			
	700			// unit 1			
	1	unit 1					
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	\ <i>U</i> .						
		~					
		state h	wy 60				
				not to scale			
✓ I, a sworn law enfor							

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Crash Time 12:41 AM

Loc	cation									
	STH60 WB			Latitude			Longitude	e		
114	1142 FT S				43.217056142		-89.8764			
OF	OF BABINGTON RD				X Coordinate					
IN	THE TOWN OF TROY		266363.9375		Y Coordinate 4788936.5					
IN:	SAUK COUNTY					47 00300.5				
		Structure Type NO STRUCTURE								
Cra	sh Scene			-						
Firs	t Harmful Event			First Harm	ful Event L	ocation				
NO	N DOMESTICATED A	NIMAL (ALIVE)		ON ROA	DWAY					
	nner of Collision			Light Cond						
		CLE IN TRANSPORT		DARK/UNLIT						
Roa	ad Surface Condition(s)			Roadway I	Factor(s)					
WE	T									
Env	rironment Factor(s)			_						
WE	ATHER CONDITIONS	S, ANIMAL (S) IN ROADWA	AY	ROAD SI	URFACE	CONDITION	(WET, IC	Y, SNOW, SLUSH,		
We	ather Condition(s)									
CL	OUDY									
Anii	mal Type			Relation T	o Trafficwa	 зу				
DE	ER			TRAFFIC	TRAFFICWAY - ON ROAD					
	sh Classification - Locatio	on		Crash Classification - Jui			Jurisdiction			
	BLIC PROPERTY			NO SPE	CIAL JUF	RISDICTION				
Trib	al Land			Access Co				Special Study		
				NO CON	TROL					
	nin Interchange Area	Junction Location		tion Type						
NO		NON-JUNCTION	NOT A	N INTERSE	CTION					
	it Summary =			01 ''' ''						
	t Status		Vehicle Operating As	Classification		Unit Type	DII E			
	TRANSIT		D CLASS	D CLASS		AUTOMOBILE Operating As Endorsements				
	icle Type SSENGER CAR					Operating As	s Endorsem	nents		
	al Occs	Train/Bus # Injured	Total # Citations Issue	od	Total Trai	ilere	Total Hazl	Mat Types		
1	al Occs	Traili/Dus # Injureu	0	0		0		viat Types		
	ırance?	Direction Of Travel			Speed Lir	mit	Total Lane	ne .		
YE		WESTBOUND	Pre CrashTi	re	55		2			
	st Harmful Event: Collision		Special Function			Emergency I		cle Use		
TR			NO SPECIAL FUN	ICTION		NOT APPL				
	ffic Way		Traffic Control			Traffic Contr	rol Inoperati	ive/Missing		
TW	O-WAY, NOT DIVIDE	D	NO CONTROL			NO	•	-		
	face Type		Road Curvature	Road Curvature CURVE LEFT		Road Grade	!			
BL	ACKTOP (BITUMINO	US)	CURVE LEFT			LEVEL				
Tru	ck Bus or HazMat		1							
NO	<u> </u>									
	Vehicle									
	License Plate Number		Plate Type		St	Country of Iss	suance			
	897WCY		AUT - AUTOMOB	BILE	WI	UNITED STATES				
	Vehicle Identification N	umber	Make		Year	Model				
2	1FAFP53U02G1390)59	FORD	FORD		TAURUS SE				
	Color		Body Style	Body Style		Bus Use				
	BLU - BLUE		4D - 4DR	4D - 4DR			NOT A BUS			
щ	Initial Contact Point		Vehicle Damage	Vehicle Damage						
7	12FRONT									
$\underline{\mathbf{o}}$					12FRONT					
뚪	Extent Of Damage		12FRONT							
VEHICL		GE	12FRONT							
	Extent Of Damage		12FRONT is report does not include an	0.110			Crash Date	05/22/2018		

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		Towed Due To Dama		Vehicle Remove	•			
			DISABLING DAMAGE	EVERETTS T	OWING			
		What Driver Was Doi	•	Vehicle Factors				
		NEGOTIATING C	URVE					
		Driver Prior Action Of	ther	NOT APPLIC	ABLE			
		Driver Actions						
		NO CONTRIBUTII	NG ACTION					
<u> </u>	빌	no communication	ine henen					
L N	VEHICL							
5	ᇤ							
	7							
		Driver Distractions NOT DISTRACTE	D					
		NOI DISTRACTE	Ь					
_	_							
6	01							
		Owner Name		Owner Add				
		HANNAH BROW	N		DYKE RD PO BOX/670			
		(608) 553-1343		SPRING	GREEN, WI 53588 , US			
	,	Sequence Of E	vents					
	_	Event	ATER ANDRAL (ALIVE)					
	0	NON DOMESTICA	ATED ANIMAL (ALIVE)					
	02	Event TREE						
	0	IKEE						
	03	Event						
		-						
	04	Event						
		Policy Holder						
L N		Policy Holder Insurance Company		In all dates at				
5		AMERICAN-FAMI	I Y-INS-CO	Individual HANNAH E	ROWN			
		Individual		TIARRATTE				
	,	Driver						
		HANNAH BROWN		Citations Issu	had	Cov		
		HANNAH BROW	N	Citations Issu	ied	Sex FFMALF		
	⋖	HANNAH BROW (608) 553-1343	N	0	ed	FEMALE		
_	DVA		N		ed			
Ĕ	VIDUA	(608) 553-1343	N	0 Date of Birth		FEMALE Race		
FIND	DIVIDUA	(608) 553-1343 Address		0		FEMALE Race		
LIND	INDIVIDUA	(608) 553-1343	D PO BOX/670	Date of Birth Driver Licens		Race WHITE		
LIND	INDIVIDUA	(608) 553-1343 Address S12715A DYKE R	D PO BOX/670	Date of Birth Driver Licens	e Number	Race WHITE		
LINO	INDIVIDUA	Address S12715A DYKE R SPRING GREEN,	D PO BOX/670 WI 53588 , US	Date of Birth Driver Licens STATE: WI	e Number SCONSIN COUNTRY: UN	Race WHITE		
LIND	INDIVIDUA	(608) 553-1343 Address S12715A DYKE R	D PO BOX/670	Date of Birth Driver Licens	e Number SCONSIN COUNTRY: UN	Race WHITE		
UNIT	INDIVIDUA	Address S12715A DYKE R SPRING GREEN, Equipment	D PO BOX/670 WI 53588 , US	Date of Birth Driver Licens STATE: WI	e Number SCONSIN COUNTRY: UN	Race WHITE		
LIND	INDIVIDUA	Address S12715A DYKE R SPRING GREEN, Equipment Seat Position	D PO BOX/670 WI 53588 , US	Date of Birth Driver Licens STATE: WI	e Number SCONSIN COUNTRY: UN	Race WHITE		
LIND	INDIVIDUA	Address S12715A DYKE R SPRING GREEN, Equipment Seat Position	D PO BOX/670 WI 53588 , US	Date of Birth Driver Licens STATE: WI Safety Equip SHOULDEI	e Number SCONSIN COUNTRY: UN ment R & LAP BELT	Race WHITE		
LIND	INDIVIDUA	Address S12715A DYKE R SPRING GREEN, Equipment Seat Position 1FRONT SEAT-	D PO BOX/670 WI 53588 , US	Date of Birth Driver Licens STATE: WI	e Number SCONSIN COUNTRY: UN ment R & LAP BELT	Race WHITE		
LIND	INDIVIDUA	Address S12715A DYKE R SPRING GREEN, Equipment Seat Position 1FRONT SEAT-	D PO BOX/670 WI 53588 , US	Date of Birth Driver Licens STATE: WI Safety Equip SHOULDEI	e Number SCONSIN COUNTRY: UN ment R & LAP BELT	Race WHITE		
LIND	INDIVIDUA	Address S12715A DYKE R SPRING GREEN, Equipment Seat Position 1FRONT SEAT-I	D PO BOX/670 WI 53588 , US	Date of Birth Driver Licens STATE: WI Safety Equip SHOULDE	e Number SCONSIN COUNTRY: UN ment R & LAP BELT	Race WHITE		
		Address S12715A DYKE R SPRING GREEN, Equipment Seat Position 1FRONT SEAT-I Helmet Use Eye Protection	D PO BOX/670 WI 53588 , US On Duty Crash LEFT SIDE (DRIVER/MOTORCY	Date of Birth Driver Licens STATE: WI Safety Equip SHOULDE Helmet Complian Airbag	e Number SCONSIN COUNTRY: UN ment R & LAP BELT bliance	Race WHITE		
UNIT UNIT	001 INDIVIDUA	Address S12715A DYKE R SPRING GREEN, Equipment Seat Position 1FRONT SEAT-I Helmet Use Eye Protection	On Duty Crash LEFT SIDE (DRIVER/MOTORCY	Date of Birth Driver Licens STATE: WI Safety Equip SHOULDE: Helmet Compliant Airbag NON DEPL	e Number SCONSIN COUNTRY: UN ment R & LAP BELT bliance	Race WHITE IITED STATES		
		Address S12715A DYKE R SPRING GREEN, Equipment Seat Position 1FRONT SEAT-I Helmet Use Eye Protection	D PO BOX/670 WI 53588 , US On Duty Crash LEFT SIDE (DRIVER/MOTORCY Injury Severity POSSIBLE INJURY	Date of Birth Driver Licens STATE: WI Safety Equip SHOULDE Helmet Complian Airbag NON DEPL Ejection Path	e Number SCONSIN COUNTRY: UN ment R & LAP BELT bliance	Race WHITE		

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Medical Transport				EMS Agency Identifier		EMS Run #	
	Hospital	OSP		Date of Death		Time of Death	
Non Motorist Striking Unit # Prior Action		Prior Action		Location		To/From School	
	Action						
INIDUAL							
N							
	Action Other						
L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us	se		
	Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	
004	Drug Type						
Individual Condition APPEARED NORMAL							
	INDIVIDUAL	EMS GROUND Hospital SAUK PRAIRIE H Non Motorist Action Action Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	EMS GROUND Hospital SAUK PRAIRIE HOSP Non Motorist Action Action Action Action Other Drug & Alcohol NO Alcohol Test Given TEST NOT GIVEN Drug Type Individual Condition	EMS GROUND Hospital SAUK PRAIRIE HOSP Non Motorist Action Action Action Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Type Individual Condition	Hospital SAUK PRAIRIE HOSP Non Motorist Action Action Striking Unit # Prior Action Action Action Suspected Alcohol Use NO	Hospital SAUK PRAIRIE HOSP	EMS GROUND Hospital SAUK PRAIRIE HOSP Date of Death Time of Death