

6TL0B1714W  
18-06055

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>18-06055</b>		Investigating Officer/Deputy <b>DEPUTY I. HANSON</b>	
Crash Date <b>06/10/2018</b>		Crash Time <b>02:31 PM</b>		Date Arrived <b>06/10/2018</b>		Time Arrived <b>02:44 PM</b>	
Date Notified <b>06/10/2018</b>		Time Notified <b>02:32 PM</b>		Total Units <b>02</b>		Total Injured <b>02</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 checked="" 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> <p style="text-align: center;">not scale</p>	Reconstruction By
	Photos By <b>I HANSON</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS NORTH ON CTH A. UNIT 1 WAS NEGOTIATING A SLIGHT CURVE AND ENTERED THE EAST GRAVEL LINE. UNIT 2 WAS WALKING HER DOG WITH TRAFFIC ON THE EAST SHOULDER. UNIT 1 LOST CONTROL OF HIS VEHICLE IN THE GRAVEL STRIKING UNIT 2 WITH FRONT OF HIS SUV. ADDITIONALLY UNIT 1 STRUCK THE PEDESTRIANS DOG AS WELL. UNIT 1 TRAVELED LEFT OF CENTER IN THE SOUTHBOUND LANE ROLLING THE SUV INTO THE WESTSIDE DITCH. UNIT 1 CAME TO REST ON ITS ROOF FACING SOUTH. 9109

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**Location**

ON CTHA NB 954 FT N OF COMMERCIAL AVE IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.637323298</b>	Longitude <b>-89.790157275</b>
	X Coordinate <b>274939.125</b>	Y Coordinate <b>4835375.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>PEDESTRIAN</b>	First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>01 UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>3</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>NORTHBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>PEDESTRIAN</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>01 UNIT VEHICLE</b>	<b>Vehicle</b>			
	License Plate Number <b>342WZP</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GNDT13WXV2249357</b>	Make <b>CHEVROLET</b>	Year <b>1997</b>	Model <b>BLAZER</b>
	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>ALL AREAS</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>INTERSTATE BP</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, FAILURE TO CONTROL</b>				
01	01	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>				
		Owner Name <b>JUSTIN LENT (608) 403-6399</b>		Owner Address <b>125 N LINDEN ST ADAMS, WI 53910 , US</b>		
		<b>Sequence Of Events</b>				
		01	Event <b>PEDESTRIAN</b>			
02	Event					
03	Event					
04	Event					
UNIT	INDIVIDUAL	<b>Individual</b>				
		Driver <b>ELIAS WINNESHIEK (608) 432-4407</b>		Citations Issued <b>3</b>	Sex <b>MALE</b>	
				Date of Birth	Race <b>INDIAN</b>	
		Address <b>S1075 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , 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 Compliance		
		Helmet Use		Tint Compliance		
		Eye Protection		Airbag <b>NON DEPLOYED</b>		
		01	001	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>
Ejected <b>NOT EJECTED</b>				Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		
Medical Transport <b>NOT TRANSPORTED</b>				Trapped/Extricated <b>NOT TRAPPED</b>		
		EMS Agency Identifier		EMS Run #		

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UNIT	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>YES</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>NOT OBSERVED</b>						
	<b>Violations</b>						
UNIT	01	UTC Number <b>AE753401</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(b)</b>	Seq Num <b>017</b>	Description <b>OPERATING WHILE REVOKED (CAUSE GREAT BODILY HARM)</b>	
	02	UTC Number <b>AE753402</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Seq Num <b>001</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>	
	03	UTC Number <b>AE753403</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Seq Num <b>007</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>	
<b>Unit Summary</b>							
UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>O CLASS</b>		Unit Type <b>PEDESTRIAN</b>	
	Vehicle Type <b>PEDESTRIAN</b>					Operating As Endorsements	
	Total Occs <b>1</b>		Train/Bus # Injured		Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>		Direction Of Travel <b>NORTHBOUND</b>		<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>Sequence Of Events</b>						
	UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
02		Event					

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UNIT	03	Event					
	04	Event					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Pedestrian <b>MICHELLE MARQUARD</b> <b>(608) 393-2919</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>304 LOOMIS DR</b> <b>MAUSTON, WI 53948 , US</b>		Driver License Number			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>PEDESTRIAN (NON-OCCUPANT)</b>		<b>NONE</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		UNIT	002	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NOT APPLICABLE</b>
				Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT APPLICABLE</b>
Medical Transport <b>EMS GROUND</b>				EMS Agency Identifier <b>6000123</b>	EMS Run #		
Hospital <b>ST CLARE HOSP</b>				Date of Death	Time of Death		
<b>Non Motorist</b>				Striking Unit # <b>01</b>	Prior Action <b>WALKING/CYCLING ALONG</b>	Location <b>NOT AT INTERSECTION-ON ROADW</b>	To/From School <b>NO</b>
Action  <b>NO IMPROPER ACTION</b>							
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	
UNIT	002	Drug Type					
		Individual Condition <b>NOT OBSERVED</b>					