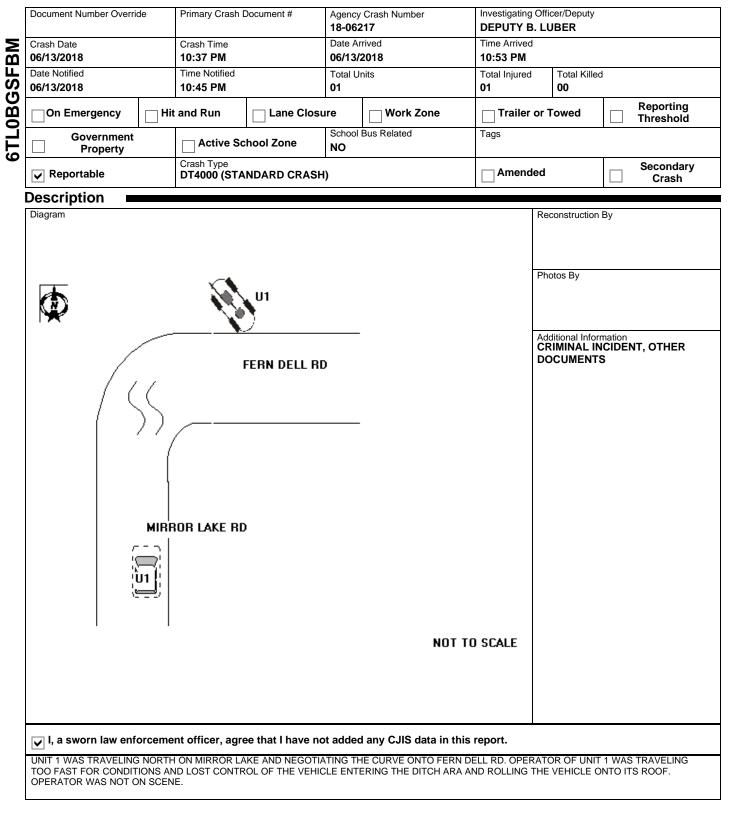
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18-06217

WISCONSIN MOTOR VEHICLE CRASH REPORT

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



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WISCONSIN MOTOR VEHICLE CRASH REPORT

| L | _OC | ation 🛛 🗖 | | | | | | | | | |
|-------------------|--|--|---------------------|---------------|-------------------|--|--------------------------|---------------------|-----------------------------|---------------|--|
| ON MIRROR LAKE RD | | | | | Latitude | | | | | ngitude | |
| | 809 FT W | | | | | 43.557886144 | | | -89.837084005 | | |
| | | FERN DELL RD 1 HE TOWN OF DELTO | N | | | X Coordinate | | | Y Coordinate | | |
| | IN THE TOWN OF DELTON IN SAUK COUNTY | | | | | 270852.25 | | | 4826681 | | |
| | | | | | | Structure Type | | | | | |
| L (| Cra | sh Scene | | | | | | | | | |
| | | Harmful Event | | | | First Harm | nful Event | ocation | | | |
| | | Anner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | | | | | DER LEF | | | | |
| - | Manı | | | | | Light Condition | | | | | |
| | NO | | | | | DARK/UNLIT | | | | | |
| F | Road | d Surface Condition(s) | | | Roadway Factor(s) | | | | | | |
| | DRY | | | | | | | | | | |
| - | Envi | Environment Factor(s) | | | | - | | | | | |
| | NOM | NE | | | | NONE | | | | | |
| | | ther Condition(s) | | | | 1 | | | | | |
| | CLE | | | | | | | | | | |
| | Animal Type | | | | | Relation To Trafficway TRAFFICWAY - ON ROAD | | | | | |
| ┢ | Cras | h Classification - Location | | | | Crash Classification - Jurisdiction | | | | | |
| | | Crash Classification - Location PUBLIC PROPERTY | | | | | | RISDICTION | | | |
| ľ | Triba | ibal Land | | | | Access Control Special Study | | | | Special Study | |
| - | With | /ithin Interchange Area Junction Location Intersect | | | Intersectio | IND CONTROL | | | | | |
| | NO | - | | | | I INTERSECTION | | | | | |
| | Unit Summary | | | | | | | | | | |
| | | Status | | - | erating As C | Classification Unit Type | | | | | |
| | | RANSIT | DCLASS | D CLASS | | | AUTOMOBILE | | | | |
| | Vehicle Type PASSENGER CAR | | | | | | | Operating A | perating As Endorsements | | |
| | - | Occs | Train/Bus # Injured | Total # Citat | d Total Trail | | ilers Total HazMat Types | | :Mat Types | | |
| | 1 | | , , , , , , , , , | 5 | | 0 | | 0 | | | |
| F | Insurance? Direction Of Travel | | Pre CrashTir | | e Speed Lir | | imit Total Lan | | es | | |
| | UNKNOWN NORTHBOUND | | | | Mark | | | 2 | | | |
| | | Nost Harmful Event: Collision With Special Fundation | | | | | | | Emergency Motor Vehicle Use | | |
| | | ITCH NO SPEC | | | | TION | | | | | |
| | | affic Way Traffic Control | | | | Traffic Control Inoperative/Missing | | | tive/Missing | | |
| | | O-WAY, NOT DIVIDED NO CONTRO | | | | | NO Road Grade | NO Road Grade | | | |
| | Surface Type Road Curvature BLACKTOP (BITUMINOUS) CURVE RIGHT Truck Bus or HazMat URVE RIGHT | | | | | | | LEVEL | | | |
| | | | | | | | | | | | |
| T | | Vehicle | | | | | | | | | |
| | | License Plate Number Plate Type | | | | St | | Country of Issuance | | | |
| | | | 1 1010 1 990 | | | WI | UNITED ST | | | | |
| | | Vehicle Identification Nun | Make | Make | | Year | Model | | | | |
| | 01 | 1G2NF52E14C24919 | PONTIAC | PONTIAC 200 | | | GRAND AM | | | | |
| | | Color | | Body Style | | | Bus Use | | | | |
| | | | | | SEDAN NOT A BUS | | | | | | |
| | Initial Contact Point Vehicle Dama 9LEFT SIDE MIDDLE Extent Of Damage Extent Of Damage ALL AREAS DISABLING DAMAGE DISABLING DAMAGE | | | mage | | | | | | | |
| | | | | ALL ARE | REAS | | | | | | |
| | ~ | DISABLING DAMAGI | | 1 | | | | | | | |



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WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Towed Due To Dama | age DISABLING DAMAGE | Vehicle Removed By CRAIGS TOWING | | | | | |
|------|-----------------|--|--|---|---------------|--|--|--|--|
| | | 5 | | Vehicle Factors | | | | | |
| | | NEGOTIATING CI Driver Prior Action Of | | NOT APPLICABLE | | | | | |
| | | | | | | | | | |
| | ш | Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL | | | | | | | |
| UNIT | | | | | | | | | |
| 5 | VEHICLE | | | | | | | | |
| | > | | | | | | | | |
| | | Driver Distractions UNKNOWN IF DISTRACTED | | | | | | | |
| | | | | | | | | | |
| 01 | 0 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | |
| | ANTHONY MUELLER | | | W8510 HWY X PORTAGE, WI 53901 ,US | | | | | |
| | | | | | | | | | |
| | ę | Sequence Of Events | | | | | | | |
| | 0 | RUN OFF ROADWAY LEFT | | | | | | | |
| | 02 | Event DITCH | | | | | | | |
| | 03 | | | | | | | | |
| | 04 | Event | | | | | | | |
| | | Individual | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | |
| | ۲ | TIMOTHY CORNI (608) 434-2382 | ING | 5 | MALE | | | | |
| F | DIVIDUAL | | | Date of Birth | Race WHITE | | | | |
| UNIT | | Address E10201A NORTH REEDSBURG RD BARABOO, WI 53913, US | | Driver License Number | | | | | |
| _ | Ĭ | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | | | | | | | | |
| | | Equipment | On Duty Crash | Safety Equipment | | | | | |
| | | Seat Position | | RESTRAINT USE UNKNOWN | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use | | Helmet Compliance | | | | | |
| | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| 01 | 001 | Injury | Injury Severity SUSPECTED MINOR INJURY | Airbag NON DEPLOYED | | | | | |
| | 3 | Ejected | | Ejection Path Trapped/Extricated | | | | | |
| | | NOT EJECTED | | NOT EJECTED/NOT APPLICABL | NOT TRAPPED | | | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | | | | |

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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 | | | | | | | | | | |
| | ۹L | | | | | | | | | | | |
| UNIT | DU | | | | | | | | | | | |
| 5 | NDIVIDUA | | | | | | | | | | | |
| | R | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Action Other | | | | | | | | | | |
| | D | orug & Alcohol | Suspected Alcoho | l Use | Suspected Drug Use | | | | | | | |
| | | Alcohol Test Given | | | Alcohol Tes | t Type | | Alcohol Test Results | at Results | | | |
| | | TEST REFUSED E | BLOOD | | | PENDING | | | | | | |
| | | Drug Test Given TEST REFUSED E | Drug Test Type BLOOD | | | Drug Test Results PENDING | | | | | | |
| 2 | 001 | Drug Type | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | |
| | | UNDER THE INFL | UENCE OF ME | DICATIONS/DRUGS | S/ ALCOHO | L | | | | | | |
| | 1 | Violations | | | | | | | | | | |
| | 01 | UTC Number AE139728 | Issue To? 5 | Statute Number 346.57(3) | Seq Num 001 | Descrip DRIVI | NG TOO FAST FOR | CONDITIONS | | | | |
| | 02 | UTC Number AE139729 | | Statute Number 346.63(1)(a) | Seq Num 024 | Description OWI (5TH OR 6TH) | | | | | | |
| | 03 | UTC Number AE139730 | | Statute Number 343.44(1)(b) | Seq Num 016 | Description OPERATING WHILE REVOKED (REV ALC/CONT SUBST/REFUSA | | | | | | |
| | 04 | UTC Number AE139731 | | Statute Number 341.62 | Seq Num 001 | Description DISPLAY FALSE VEHICLE REGISTRATION PLATE | | | | | | |
| | 05 | UTC Number AE139732 | | Statute Number 341.04(1) | Seq Num 001 | Descrip NON- | otion REGISTRATION OF | AUTO, ETC | | | | |