

6TL09KMLXP
18-06596

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 18-06596		Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 06/23/2018		Crash Time 11:30 AM		Date Arrived 06/23/2018		Time Arrived 11:55 AM	
Date Notified 06/23/2018		Time Notified 11:35 AM		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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	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 DRIVING ON A PRIVATE RD IN CHRISTMAS MOUNTAIN VILLAGE WHEN SHE CAME TO A DEAD END WITH A GATE ACROSS THE EXIT. DRIVER SWERVED TO THE RIGHT AND HIT A LARGE ROCK NEXT TO THE ROAD.

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Location

PRIVATE PROPERTY COON BLUFF RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.610580788	Longitude -89.867417451
	X Coordinate 268604.25	Y Coordinate 4832618
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event OTHER OBJECT - NOT FIXED	First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway NON TRAFFICWAY - OTHER	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
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 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 1	
	Most Harmful Event: Collision With OTHER OBJECT - NOT FIXED		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		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			
	License Plate Number V114409	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 19XFB2F51CE044636	Make HONDA	Year 2012	Model UNK
	Color WHI - WHITE	Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage 12--FRONT		
Extent Of Damage FUNCTIONAL DAMAGE				

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE			
		Driver Prior Action Other					
		Driver Actions SPEED TOO FAST/COND, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER					
01	01	Driver Distractions UNKNOWN IF DISTRACTED					
		Owner Name YIZHAN HUANG (708) 981-6083		Owner Address 2901 S NORMAL AVE1ST FL CHICAGO, IL 60616 , US			
Sequence Of Events							
UNIT	INDIVIDUAL	01	Event OTHER OBJECT - NOT FIXED				
		02	Event				
		03	Event				
		04	Event				
Policy Holder							
UNIT	INDIVIDUAL	Insurance Company GEICO-CASUALTY-CO		Individual YIZHAN HUANG			
		Driver YIZHAN HUANG (708) 981-6083		Citations Issued 0	Sex FEMALE		
		Address 2901 S NORMAL AVE1ST FL CHICAGO, IL 60616 , US		Date of Birth [REDACTED]	Race ASIAN		
				Driver License Number [REDACTED]		STATE: ILLINOIS COUNTRY: UNITED STATES	
01	001	Equipment		On Duty Crash			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT			
		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	

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UNIT 01	INDIVIDUAL 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				