

6TL0BLHJP4
18-07405

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 18-07405		Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 07/10/2018		Crash Time 05:00 PM		Date Arrived 07/10/2018		Time Arrived 06:25 PM	
Date Notified 07/10/2018		Time Notified 06:37 PM		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 type="checkbox"/> Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By DEPUTY NEUBAUER
	Additional Information NONE, PHOTOS

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

UNIT 1 WAS TRAVELING E/B ON E. REEDSBURG ROAD SOMETIME DURING THE MIDDLE OF THE DAY ON 7/10/18. RESIDENT WAS IDENTIFIED AS TIM MCMILLEN PHONE # 608-415-7846. RESIDENT ARRIVED HOME AND NOTICED DAMAGE TO MAILBOX AT APPROXIMATELY 1745. UNIT 1 STRUCK THE MAILBOX WITH THE PASSENGER SIDE MIRROR. MIRROR BROKE OFF OF UNIT 1 AND WAS LEFT BEHIND. RESIDENT STATES THE DOOR WAS BROKEN OFF OF MAILBOX, A PIECE OF WOOD WAS BROKEN OFF OF SUPPORT POST AND SUPPORT POST WAS TWISTED IN THE GROUND IN THE DIRECTION UNIT 1 WAS TRAVELING. RESIDENT HAD NO SUSPECTS AND STATED THIS HAPPENS PERIODICALLY. WANTED DAMAGE DOCUMENTED.

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Location

ON E REEDSBURG RD 840 FT E OF GOLF COURSE RD IN THE TOWN OF REEDSBURG IN SAUK COUNTY	Latitude 43.539820007	Longitude -89.961715511
	X Coordinate 260713.921875	Y Coordinate 4825026
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location SHOULDER RIGHT	
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 TRAFFICWAY - ON ROAD	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location DRIVEWAY ACCESS-RELATED	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? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2	
	Most Harmful Event: Collision With MAILBOX		Special Function UNKNOWN		Emergency Motor Vehicle Use UNKNOWN	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

01 UNIT	Vehicle				
	License Plate Number UNKNOWN	Plate Type AUT - AUTOMOBILE	St	Country of Issuance	
	Vehicle Identification Number	Make	Year	Model	
	Color GRY - GRAY	Body Style		Bus Use NOT A BUS	
	Initial Contact Point 2--RIGHT SIDE FRONT	Vehicle Damage 2--RIGHT SIDE FRONT			
Extent Of Damage MINOR DAMAGE					

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing UNKNOWN		Vehicle Factors		
	Driver Prior Action Other		UNKNOWN		
	Driver Actions UNKNOWN				
	Driver Distractions UNKNOWN IF DISTRACTED				
01	01	Owner Name UNKNOWN UNKNOWN UNKNOWN		Owner Address UNKNOWN UNKNOWN, ,	
Sequence Of Events					
	01	Event MAILBOX			
	02	Event			
	03	Event			
	04	Event			
UNIT	Individual				
		Driver UNKNOWN UNKNOWN UNKNOWN		Citations Issued 0	Sex
				Date of Birth	Race
		Address UNKNOWN UNKNOWN, , US		Driver License Number UNKNOWN	
	Equipment		On Duty Crash	Safety Equipment	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
	01	001	Injury		Airbag
			Injury Severity		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	

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UNIT 01	INDIVIDUAL 001	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		Suspected Drug Use		
		Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition					