

6TL0B1714Z
18-08056

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

| | | |
|---|---------------------------------------|----------------------------------|
| ON FERN DELL RD (1) 981 FT E OF TURTLEVILLE RD IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.561191559 | Longitude -89.81980896 |
| | X Coordinate 272260.03125 | Y Coordinate 4827001 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event DITCH | First Harmful Event Location SHOULDER RIGHT | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAWN | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - NOT ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | |
|------------|--|---|--|--------------------------------|--|
| UNIT 01 | 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 2 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 45 | Total Lanes 2 |
| | Most Harmful Event: Collision With DITCH | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature CURVE LEFT | | Road Grade DOWNHILL |
| | Truck Bus or HazMat NO | | | | |

| | | | | |
|---|---|---------------------------------------|---------------------|---|
| UNIT 01 | Vehicle | | | |
| | License Plate Number 263XCH | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 5Y2SL63805Z400860 | Make PONTIAC | Year 2005 | Model VIBE |
| | Color BLK - BLACK | Body Style HB - HATCHBACK | | Bus Use NOT A BUS |
| | Initial Contact Point 12--FRONT | Vehicle Damage | | |
| Extent Of Damage DISABLING DAMAGE | | UNDERCARRIAGE | | |

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|---------------------------|------------|---|--|--|-------------------------|
| UNIT | VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By PLATTS WRECKER | |
| | | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | | Driver Prior Action Other | | NOT APPLICABLE | |
| | | Driver Actions FAILURE TO CONTROL | | | |
| 01 | 01 | Driver Distractions NOT DISTRACTED | | | |
| | | Owner Name JESSE LINDAS | | Owner Address E10659 FERN DELL RD BARABOO, WI 53913 , US | |
| Sequence Of Events | | | | | |
| UNIT | 01 | Event DITCH | | | |
| | | Event | | | |
| | | Event | | | |
| | | Event | | | |
| UNIT | 04 | Policy Holder | | | |
| | | Insurance Company UNABLE TO CONFIRM | | Individual JESSE LINDAS | |
| UNIT | INDIVIDUAL | Driver PHILLIP KRUGER (608) 477-7717 | | Citations Issued 2 | Sex MALE |
| | | Address W8514 JOYCE LN BRIGGSVILLE, WI 53920 , US | | Date of Birth | Race HISPANIC |
| 01 | 001 | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | Safety Equipment SHOULDER & LAP BELT | |
| | | Equipment On Duty Crash | | Helmet Compliance | |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | Tint Compliance | |
| | | Helmet Use | | Airbag NON DEPLOYED | |
| | | Eye Protection | | Ejection Path NOT EJECTED/NOT APPLICABL | |
| | | Injury Injury Severity NO APPARENT INJURY | | Trapped/Extricated NOT TRAPPED | |
| | | Ejected NOT EJECTED | | | |

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|-----------------------------|--|-------------------------------|--|---|---|---|----------------|
| UNIT | 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 YES | | Suspected Drug Use NO | | |
| | Alcohol Test Given TEST GIVEN | | Alcohol Test Type PRELIMINARY BREATH TEST (P | | Alcohol Test Results 19 | | |
| | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | |
| | Drug Type | | | | | | |
| | Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL | | | | | | |
| 01 | Violations | | | | | | |
| | 01 | UTC Number AE753409 | Issue To? 001 | Statute Number 346.63(1)(a) | Seq Num 002 | Description OPERATING WHILE UNDER THE INFLUENCE | |
| 02 | UTC Number AE7533410 | Issue To? 001 | Statute Number 346.57(2) | Seq Num 007 | Description FAILURE TO KEEP VEHICLE UNDER CONTROL | | |
| Property Owner | | | | | | | |
| PROP OWNER 01 | Government TOWNSHIP OF DELTON (608) 253-4621 | | | Address 30 S WISCONSIN DELLS PKWY PO BOX 148 LAKE DELTON, WI 53940 , US | | | |
| Fixed Objects Struck | | | | | | | |
| 01 | Striking Unit 01 | Struck Object DITCH | | | Structure Number | Damage Tag Number | |