6TL09KMLXW

18-08654

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash Document # Crash Time 09:45 AM		Agency Crash Number 18-08654 Date Arrived 08/08/2018		Investigating Officer/Deputy DETECTIVE J. KELLOGG			
Crash Date 08/08/2018					Time Arrived 09:59 AM			
Date Notified 08/08/2018	Time Notified 09:45 AM			Inits	Total Injured Total Kille		ed	
On Emergency	lit and Run	Lane Clos		☐ Work Zone	Trailer o	r Towed	Reporting Threshold	
Government Property	Active Sc	chool Zone	Schoo	Bus Related	Tags			
Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amende	d	Secondary Crash	
Description Diagram					F	Reconstruction	п Ву	
					F	Photos By		
Not Drawn to Scale	\$		1	/		dditional Info IONE	rmation	
	_	State Highway 1	136					
I, a sworn law enforcem	ent officer, agr	ee that I have no	ot adde	d any CJIS data in tl	nis report.			
VEHICLE WAS MAIL CARRIER (ACCELERATED INTO TREE/SHI	CONDUCTING BA					AD OF BRAK	E BY MISTAKE, AND	

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Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

٠	E90	VATE PROPERTY 73 STH136 EB EE E9073)			Latitude 43.475355986 X Coordinate 268137.75 Structure Type			Longitude -89.866777719 Y Coordinate		
		THE TOWN OF EXCELS	SIOR					4817597		
	IN 5	SAUK COUNTY			FIRE	туре				
	Cra	sh Scene								
	First	Harmful Event			First Harm	ful Event	Location			
	_	TOR VEH IN TRANSPO	RT		ROADSI	DE				
		ner of Collision			Light Condition					
		COLLISION W/VEHICL	E IN TRANSPORT			DAYLIGHT				
	Road	d Surface Condition(s)			Roadway Factor(s)					
	DRY	1								
	Envii	ronment Factor(s)								
	МОМ	NE			NONE					
	Moa	ther Condition(s)								
		` '								
	CLE	AK								
	Anim	nal Type			Relation To Trafficway NON TRAFFICWAY Crash Classification - J			•		
		h Classification - Location								
		VATE PROPERTY			PRIVATE		ERTY	10: 1		
	Triba	al Land			Access Control NO CONTROL Intersection Type			Specia	l Study	
		٠ ا	Junction Location							
	NO		DRIVEWAY ACCESS	NOT A	N INTERSE	CHON				
		t Summary 💳								
	Linit	Status		Vahiela Operating Ac	Vehicle Operating As Classification		Unit Type			
					Classification			DII E		
	IN T	RANSIT		D CLASS	Classification		AUTOMO			
5	IN T	RANSIT cle Type			Classification		AUTOMO	BILE s Endorsements		
5	Vehice PAS	RANSIT	Train/Bus # Injured			Total Tra	AUTOMO Operating A		es	
5	Vehice PAS	RANSIT cle Type SSENGER CAR	Train/Bus # Injured	D CLASS		Total Tra	AUTOMO Operating A	s Endorsements	es	
5	IN T Vehice PAS Total 1	RANSIT cle Type SSENGER CAR	Train/Bus # Injured Direction Of Travel	D CLASS Total # Citations Issue 0	≎d		AUTOMO Operating A	s Endorsements	es	
5	IN T Vehice PAS Total 1	RANSIT cle Type SSENGER CAR I Occs	,	D CLASS Total # Citations Issue	≎d	0	AUTOMO Operating A ailers	Total HazMat Type Total Lanes	es	
	IN T Vehice PAS Total 1 Insur YES	RANSIT cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision W	Direction Of Travel SOUTHBOUND	Total # Citations Issue O Pre CrashTir	ed re	0 Speed L	AUTOMO Operating A ailers	Total HazMat Type Total Lanes 0 Motor Vehicle Use	es	
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	Towed Due To Damage			Vehicle Removed By					
		NOT TOWED		OWNER					
		What Driver Was Doing		Vehicle Factors					
		BACKING			T 4 DD 10 4 D 1 F				
		Driver Prior Action Other			T APPLICABLE				
		D: 4 //							
		Driver Actions	G FAILURE TO CONTROL						
_	LE	UNSAFE BACKING, FAILURE TO CONTROL							
E S	2 ∣								
⋾∥	VEHICL								
	>								
		Driver Distractions							
		UNKNOWN IF DIS	STRACTED						
2	01								
		Owner Name			Owner Address				
		MELISSA DELP (608) 393-1615			E7678 MAPLE HILL RD				
				ROCK SPRINGS, WI 53961 , US					
		Sequence Of E	vents						
		Event							
	5 MOTOR VEH IN TRANSPORT								
	7	Event							
	20 Lyent								
	03	Event							
	0								
	04	Event							
Εİ	I	Policy Holder							
		Insurance Company			ndividual				
71		STATE-FARM-GE	NERAL-INS-CO	N	MELISSA DELP				
	ı	Individual							
		Driver		(Citations Issued	Sex			
	إ	MELISSA DELP		0		FEMALE			
	A	(608) 393-1615	00) 393-1013		Date of Birth	Race			
⊑I	INDIVIDUA					WHITE			
	\leq	Address E7678 MAPLE HILL RD ROCK SPRINGS, WI 53961, US		Driver License Number					
_	Ż			STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty Crash	Octob Environment					
		Equipment	On Duty Clash		Safety Equipment				
		Seat Position		SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAF BELT					
		Helmet Use		Helmet Compliance					
		Troumet dad		Teimet Compliance					
		Eye Protection		Tint Compliance					
		1							
_	Ξ,		Injury Severity	P	virbag				
					NON DEPLOYED				
		Ejected		E	jection Path	Trapped/Extricated			
		NOT EJECTED			NOT EJECTED/NOT APPLICABL	NOT TRAPPED			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport NOT TRANSPOR	TED		EMS Agency Identifier Date of Death		EMS Run # Time of Death	
		Hospital						
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School
		Action						
	JAL							
UNIT	INDIVIDUAL							
	N							
		Action Other						
	L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug U NO	se		
		Alcohol Test Given TEST NOT GIVEN	l		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	I		Drug Test Type		Drug Test Results	
10	001	Drug Type						
		Individual Condition						
		APPEARED NOR	MAL					