WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Primary Crash Document #		18-091		DEPUTY	Investigating Officer/Deputy DEPUTY S. SCHRAM			
Crash Date 08/21/2018	Crash Time 07:09 PM		Date Ar 08/21/2		Time Arriv 07:23 PM				
Date Notified 08/21/2018	Time Notified 07:09 PM		Total Ur 01	nits	Total Injur	Total Injured Total Killed 00 00		d	
On Emergency	Hit and Run	Lane Closu		Work Zone	☐ Trail	er or 1	Towed	Reporting Threshold	
Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags	Tags			
▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Ame	nded		Secondary Crash	
Diagram	Unit 1		D and V	Vot to Scale		Pho	otos By		

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	Loc	ation										
i		D AND W RD				Latitude			Longitue	de		
		6 FT W		43.587387444			-89.957	759621				
		CTHH WB HE TOWN OF WINFIE	ı D			X Coordinate			Y Coordinate			
		AUK COUNTY	LD		261234.875			483029	97.5			
						Structure '	Гуре					
(Cra	sh Scene										
1		Harmful Event				First Harm	ıful Event L	ocation				
	EME	BANKMENT				ROADSI	DE					
	Manı	ner of Collision				Light Condition DAYLIGHT						
		COLLISION W/VEHICI	LE IN TRANSPORT									
	Road	d Surface Condition(s)				Roadway	Factor(s)					
	NON	ronment Factor(s)				NONE						
		ther Condition(s)				iton_						
	CLE											
	Anim	nal Type				Deletion T	a Trofficus					
	AIIII	ан туре						Relation To Trafficway TRAFFICWAY - NOT ON ROAD Crash Classification - Jurisdiction				
		h Classification - Location										
		BLIC PROPERTY al Land				Access Co		RISDICTION		Special Study		
	Thou zand				NO CONTROL			,				
	Withi	in Interchange Area	Junction Location NON-JUNCTION		Intersection	n Type INTERSE	CTION					
		t Summary ==			11017							
		Status —		Vehicle Ope	erating As C	lassification		Unit Type				
	IN T	N TRANSIT D CLASS					AUTOMOBILE					
01	Vehi	/ehicle Type					Operating As Endorsements			ments		
0		SSENGER CAR	Train/Bus # Injured							=		
	Total	I Occs				Total Trailers 0		Total HazMat Types 0				
		rance?	Pre CrashTire						es			
UNIT		YES WESTBOUND			Mark 55			02				
5		: Harmful Event: Collision \ BANKMENT		Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE					
		ic Way		Traffic Control			Traffic Control Inoperative/Missing		tive/Missing			
	TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS)			NO CONT			NO Road Grade					
					Road Curvature STRAIGHT			UPHILL				
		k Bus or HazMat		OTTAIOT			-	OTTILL				
	NO											
	1	Vehicle		le: -			04	Lower :				
		License Plate Number 717TEF		Plate Type	: JTOMOBIL	F	St WI	Country of Is UNITED ST				
		Vehicle Identification Nun	nber	Make	J TO INIO BIL	_	Year	Model	IAILO			
5	01	4T4BF1FK8CR16075				2012	CAMRY/SE/L					
		Color		Body Style Bus Use AD - ADR NOT A BUS								
	ш	SIL - SILVER (ALUMI Initial Contact Point		4D - 4DR NOT A BUS Vehicle Damage								
LNO	VEHICLE	12FRONT										
7		Extent Of Damage		44 1	FRONT C		40					

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		Towed Due To Dama	age		cle Removed By ERATOR						
		What Driver Was Doi	ng		cle Factors						
		GOING STRAIGH		venii	cie Factors						
		Driver Prior Action Ot		тои	APPLICABLE						
		Driver Actions	NTROL, RAN OFF ROADWAY	ı							
_	LE	FAILURE TO CON	NIROL, KAN OFF ROADWAT								
	₽										
-	VEHICL										
		Driver Distractions UNKNOWN IF DIS	STRACTED								
		ON NOVIN II DIC	TRACTED								
5	01										
		Owner Name		1.	Owner Address						
		JAY NEISES			2231 SARAH ROSE LANE						
		(608) 492-4582			REEDSBURG, WI 53959 , US						
	9	Sequence Of E	vents								
	01	Event EMBANKMENT									
	02	Event									
	0										
	03	Event									
	04	Event									
		Policy Holder									
L NO		Insurance Company		In	dividual						
5		FARMERS-INS-CO-INC			AY NEISES						
		Individual									
		Driver MELISSA NEISES (608) 492-4582		Ci	tations Issued	Sex					
	Ļ			00		FEMALE					
	INDIVIDUA			Da	ate of Birth	Race WHITE					
	VIC	Address 1706 NORMAN WAY APT 304 MADISON, WI 53705 , US			river License Number						
-	Ē				STATE: WISCONSIN COUNTRY: UNITED STATES						
	=										
			On Duty Crash		fata Emiliara at						
		Equipment	On Duty Clash	58	afety Equipment						
		Seat Position			SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY									
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
		2,0110.000.001			This compliance						
0	001	Injury Severity NO APPARENT INJURY			Airbag						
	0	Ejected	NO APPARENT INJURY		ON DEPLOYED ection Path	Trapped/Extricated					
		NOT EJECTED			OT EJECTED/NOT APPLICABL	NOT TRAPPED					
						1					

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Ì		Medical Transport			EMS Agency Identi	fior	EMS Run #	
		NOT TRANSPOR				illoi	LING Kull#	
					Date of Death		Time of Death	
		Hospital			Date of Death		Time of Death	
			Christian at Linch #	Deiter Antine		1		T-/F O-bI
	Non Motorist Striking Unit # Prior Action			Prior Action		Location		To/From School
		Action		<u> </u>				
	7							
-	Ž							
UNIT	9							
_	INDIVIDUAL							
	Z							
		Action Other						
					10 , 10 , 11			
	L	Drug & Alcohol	NO	use	Suspected Drug Us	se		
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN	1		Drug Test Type		Drug Test Results	
10	00	Drug Type						
0	0							
		Individual Condition						
		APPEARED NOR	MAL					