

6TL0B17155
18-09014

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 18-09014		Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 08/17/2018		Crash Time 02:45 PM		Date Arrived 08/17/2018		Time Arrived 03:00 PM	
Date Notified 08/17/2018		Time Notified 02:48 PM		Total Units 01		Total Injured 01	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 TURNING LEFT ONTO WEBSTER LANE AS THE VEHICLE WAS HAVING BRAKE ISSUES. AS UNIT 1 ENTERED WEBSTER LANE HE ATTEMPTED ANOTHER LEFT TURN TO ENTER BACK ONTO STH 33. THE REAR PASSENGER SIDE PASSENGER HAD HER HAND ON THE DOOR HANDLE AS HE MADE THE TURN. THE REAR PASSENGER FELL OUT THE REAR PASSENGER DOOR CAUSING ROAD RASH. 9109

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Location

ON WEBSTER LN 94 FT N OF STH33 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.514778435	Longitude -89.788657703
	X Coordinate 274603.09375	Y Coordinate 4821761
	Structure Type	

Crash Scene

First Harmful Event OTHER NON-COLLISION	First Harmful Event Location ON ROADWAY	
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 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

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements				
	Total Occs 4	Train/Bus # Injured	Total # Citations Issued 1	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 OTHER NON-COLLISION		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 STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO					

01 UNIT	Vehicle				
	01	License Plate Number AAT1912	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2G1WF55K3Y9188927	Make CHEVROLET	Year 2000	Model IMPALA
		Color BLU - BLUE	Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point NON-COLLISION	Vehicle Damage		
		Extent Of Damage NO DAMAGE	NO DAMAGE		
		NO DAMAGE			

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER			
		What Driver Was Doing LEFT TURN	Vehicle Factors			
		Driver Prior Action Other	BRAKES			
		Driver Actions NO CONTRIBUTING ACTION				
		Driver Distractions NOT DISTRACTED				
01	01	Owner Name MICHAEL JAMES CLOYD (608) 643-0098	Owner Address S7559 US HIGHWAY 12 # N-5 NORTH FREEDOM, WI 53951 , US			
		Sequence Of Events				
UNIT	INDIVIDUAL	01	Event OTHER NON-COLLISION			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	01	Driver MICHAEL JAMES CLOYD (608) 643-0098	Citations Issued 1	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE		
		001	Address S7559 US HIGHWAY 12 # N-5 NORTH FREEDOM, WI 53951 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
			Equipment	On Duty Crash	Safety Equipment	
		001	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT		
			Helmet Use	Helmet Compliance		
			Eye Protection	Tint Compliance		
			Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		001	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	INDIVIDUAL	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 NOT OBSERVED					
		UNIT	INDIVIDUAL	Individual			
Passenger SANDRA L GAGE (608) 477-9885				Citations Issued 0	Sex FEMALE		
Date of Birth [REDACTED]				Race WHITE			
Address S7559 US HIGHWAY 12 # N-25 NORTH FREEDOM, WI 53951 , US				Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
Equipment	On Duty Crash			Safety Equipment			
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER				SHOULDER & LAP BELT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED
				Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED
		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	

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UNIT 01	INDIVIDUAL	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 NOT OBSERVED					
		UNIT 01	INDIVIDUAL	Individual			
				Passenger CHRISTINA IRENE STEBBINS (608) 658-5951		Citations Issued 0	Sex FEMALE
				Address 7 STRAUBEL CT APT 502 MADISON, WI 53704 , US		Date of Birth [REDACTED]	Race WHITE
				Driver License Number [REDACTED]			
STATE: WISCONSIN COUNTRY: UNITED STATES							
Equipment	On Duty Crash			Safety Equipment			
	Seat Position 6--SECOND SEAT-RIGHT SIDE			NONE USED - VEHICLE OCCUPANT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
Injury	Injury Severity SUSPECTED MINOR INJURY			Airbag NON DEPLOYED			
	Ejected TOTALLY EJECTED		Ejection Path THROUGH SIDE DOOR OPENING	Trapped/Extricated NOT TRAPPED			
	Medical Transport EMS GROUND		EMS Agency Identifier 6000123	EMS Run #			
	Hospital ST CLARE HOSP		Date of Death	Time of Death			
	Non Motorist		Striking Unit #	Prior Action	Location	To/From School	

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UNIT 01	INDIVIDUAL 003	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				
		Individual				
		Passenger LAMONT D CONWAY	Citations Issued 0	Sex MALE		
		Address S7559 US 12 N25 NORTH FREEDOM, WI 53951 , US	Date of Birth [REDACTED]	Race BLACK		
Driver License Number						
UNIT 01	INDIVIDUAL 004	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	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		
		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

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		Action Other							
	01	004	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						
			Violations						
			01	004	UTC Number AE753423	Issue To? 001	Statute Number 343.44(1)(a)	Seq Num 001	Description OPERATING AFTER SUSPENSION