WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date												
08/19/2018 05:48 PM 08/19/2018 06:01 PM Date Notified 08/19/2018 05:50 PM 01 Total Units 01 Total Injured 01 Total Killed 01 Total Injured 01 Total Injured 01 Total Killed 01 Tags Reportable Property Reportable Description Diagram Reconstruction By Reconstruction By Additional Information NONE	D							Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER				
Reportable DT4000 (STANDARD CRASH) Description Diagram Reconstruction By Photos By Additional Information NONE	C C											
Reportable DT4000 (STANDARD CRASH) Description Diagram Reconstruction By Photos By Additional Information NONE	Di			Time Notified		Total l	Jnits	Total Injure	d	Total Kille	ed	
Reportable DT4000 (STANDARD CRASH) Description Diagram Reconstruction By Photos By Additional Information NONE	3 08											
Reportable DT4000 (STANDARD CRASH) Description Diagram Reconstruction By Photos By Additional Information NONE	3 [On Emergency Hit		t and Run Lane Clos				Trailer or Towed		Towed	☐ R	eporting hreshold
Description Diagram Reconstruction By Photos By Additional Information NONE	5 [Active School Zone				Tags				
Diagram Reconstruction By Photos By Additional Information NONE		Reportable		Crash Type DT4000 (STA	Crash Type DT4000 (STANDARD CRASH)				Amended			Secondary Crash
not to scale Additional Information NONE	De	escription =										
Additional Information NONE	Di	oliagram (Control of the Control of									n By	
NONE				not to s	scale							
					NC NC	NE	imation					

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Crash Date 08/19/2018

Crash Time 05:48 PM

LC	oca	tion									
_		N MAIN ST/ CTHB SB					Latitude			le	
_	11 F	-				43.25575049			-90.097	-90.097963392	
_	_	LD B E TOWN OF BEAR (CREEK				X Coordinate		Y Coord		
		UK COUNTY	J				28125		479387	77	
						Structure 7	Туре				
C	ras	h Scene				1					
F	irst H	armful Event				First Harm	ful Event Lo	ocation			
E	MBA	NKMENT				SHOULD	DER LEFT				
		r of Collision			Light Cond						
		OLLISION W/VEHICI			DAYLIGI						
		Surface Condition(s)				Roadway	Factor(s)				
	RY										
Е	nviror	nment Factor(s)									
N	ONE	<u> </u>				NONE					
W	/eath	er Condition(s)				1					
С	LEA	R									
Α	nimal	Type				Relation T	o Trafficway	<i>I</i>			
		**					CWAY - OI				
С	rash	Classification - Location				Crash Clas	ssification -	Jurisdiction			
	_	IC PROPERTY			NO SPECIAL JURISDICTION						
Т	ribal L	_and		Access Control NO CONTROL			Special Study				
	/ithin	Interchange Area		Intersection Type NOT AN INTERSECTION							
U	nit :	Summary =									
	nit St			Vehicle Op	erating As C	Classification Unit Type					
		ANSIT	D CLASS	D CLASS			AUTOMOBILE				
'		e Type ENGER CAR					Operating As Endorsements				
Ŀ	otal C		Total # Cita	Total # Citations Issued Total			ers	Total Haz	Mat Types		
1	otal C	al Occs Train/Bus # Injured		0		0		0			
In	surar	nce?	Pre CrashTire		e Speed Lir		imit Total Lan		es		
Y	ES		✓ Mark		55		2				
		st Harmful Event: Collision With			Special Function NO SPECIAL FUNC		TION		Emergency Motor Vehicle Use NOT APPLICABLE		
<u> </u>		ANKMENT Way		Traffic Control NO CONTROL		SHON		Traffic Control Inoperative/Missing NO			
	rattic WO- '	way WAY, NOT DIVIDED									
Surface Type				Road Curvature					Road Grade		
В	BLACKTOP (BITUMINOUS)			STRAIGH	IT			LEVEL			
		Bus or HazMat		•							
N	0	. 1. 1 . 1 .									
		ehicle icense Plate Number		Plate Type	`		St	Country of les	Suance		
ACC9818				AUT - AUTOMOBII				Country of Issuance UNITED STATES			
	V	/ehicle Identification Nur	Make			Year	Model				
5	5 J	IM1BK32384117057	MAZDA	MAZDA 2004			MAZDA3S				
		Color		Body Style Bus Use							
		SRY - GRAY		40 - 40K			NOT A BUS	OT A BUS			
	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֓֓֓֡֓֡	nitial Contact Point 'LEFT REAR CORN	Vehicle Da	Vehicle Damage							
	Extent Of Damage				3RIGHT SIDE MIDDLE, 4RIGHT SIDE REAR, 7LEFT REAR CORNER, 11						
Ū	7LEFT REAR CORNER Extent Of Damage DISABLING DAMAGE			LEFT FR	LEFT FRONT CORNER						

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		Towed Due To Dama		Vehicle Removed By						
				GEORGES AUTO BODY						
		What Driver Was Doi		Vehicle Factors						
		Driver Prior Action Ot		NOT APPLICABLE						
		Driver Filor Action Of	uiei							
		Driver Actions	l							
	щ	OVER-CORRECT	ING/OVER-STEERING							
UNIT	C									
5	VEHICL									
	Z									
		Driver Distractions								
		NOT DISTRACTE	D							
_	1									
6	01									
		Owner Name		Owner Address						
		JAYLYN M JOHN	SON	740 COLE ST						
		(608) 495-0412		SPRING GREEN, WI 53588 , US						
		Sequence Of E	vents							
	01	Event EMBANKMENT								
		Event								
	02									
	03	Event								
	0									
	04	Event								
		L Policy Holder								
UNIT		Insurance Company		Individual						
5		WISCONSIN-MUT	UAL-INS-CO	JAYLYN JOHNSON						
		LIndividual								
		Driver		Citations Issued	Sex					
	1	JAYLYN M JOHNSON (608) 495-0412		0	FEMALE					
				Date of Birth	Race					
╘	INDIVIDUA				WHITE					
LINO		Address 740 COLE ST		Driver License Number						
	Z	SPRING GREEN, WI 53588 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		F'	On Duty Crash	Safety Equipment						
		Equipment		QUOUB DED A LAD DELT						
		Seat Position	FET CIDE (DDIVED/MOTODOV	SHOULDER & LAP BELT Helmet Compliance						
		Helmet Use	LEFT SIDE (DRIVER/MOTORCY							
		Tieliliet Ose		Tomos compilarios						
		Eye Protection		Tint Compliance						
7	001	Injury	Injury Severity	Airbag						
0		Ejected	POSSIBLE INJURY	NON DEPLOYED Ejection Path	Trapped/Extricated					
		NOT EJECTED		NOT EJECTED/NOT APPLICABL	NOT TRAPPED					

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l		Medical Transport			EMS Agency Ident	fier	EMS Run #				
		EMS GROUND			6001155		LIVE IVALLE				
		Hospital			Date of Death		Time of Death				
		SAUK PRAIRIE H	OSP								
		Non Motorist Striking Unit #		Prior Action		Location		To/From School			
		Action									
	INDIVIDUAL										
╘	2										
UNIT	₹										
	ቯ										
	=										
		Action Other									
	E	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us	se					
		Alcohol Test Given	1		Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results				
10	001	Drug Type			•						
0	ŏ										
		Individual Condition									
		APPEARED NOR	MAL								