

6TL0B655MP
18-09319

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 18-09319	Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 08/24/2018		Crash Time 08:30 PM	Date Arrived 08/24/2018	Time Arrived 08:44 PM	
Date Notified 08/24/2018		Time Notified 08:37 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 DEPUTY NEUBAUER 9140
	Additional Information PHOTOS

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON 08-24-18 AT APPROXIMATELY 8:30 PM UNIT 1 WAS TRAVELING N/B ON CTY W. UNIT 1 ENTERED THE SHOULDER OF THE ROAD ON THE RIGHTHAND SIDE. UNIT 1 OVER CORRECTED FOR THE TURN AND ROLLED, COMING TO REST ON ITS WHEELS IN THE DITCH ON THE LEFT SIDE OF THE ROADWAY FACING S/B. UNIT 1 OPERATOR WAS ID WITH WI DL AS PAIGE LABANSKY. OPERATOR WAS TRANSPORTED TO ST. CLARE HOSPITAL IN BARABOO WI FOR POSSIBLE INJURIES. STEVES TOWING TOWED THE VEHICLE. WHILE OUT AT THE HOSPITAL THE DRIVER INDICATED HER SHOULDER WAS SORE FROM THE SEAT BELT AND HER FEET WERE CUT UP FROM THE BROKEN GLASS AND WEARING FLIP FLOPS.

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE	
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, OVER-CORRECTING/OVER-STEERING			
01	01	Driver Distractions UNKNOWN IF DISTRACTED			
		Owner Name JONI L WHITE (608) 370-3323		Owner Address 288 S PARK ST RICHLAND CENTER, WI 53581 , US	
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event RUN OFF ROADWAY RIGHT			
		Event OVERTURN/ROLLOVER			
		Event			
UNIT	04	Policy Holder			
		Insurance Company WISCONSIN-COUNTY-MUTUAL-INS-CORP		Individual JONI WHITE	
UNIT	INDIVIDUAL	Individual			
		Driver PAIGE DANELLE LEBANSKY (608) 370-2344		Citations Issued 1	Sex FEMALE
		Address 288 S PARK ST RICHLAND CENTER, WI 53581 , US		Date of Birth [REDACTED]	Race WHITE
		Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment		On Duty Crash	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT	
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
01	001	Injury		Airbag	
		Injury Severity SUSPECTED MINOR INJURY		NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	

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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 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						
01	Violations						
	UTC Number AD979888	Issue To? 001	Statute Number 346.57(3)	Seq Num 001	Description DRIVING TOO FAST FOR CONDITIONS		