6TL0BGSFBS

18-09475

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		18-09475 D Date Arrived Tri		Investigating Officer/Deputy DEPUTY B. LUBER Time Arrived 12:44 AM			
BS	Crash Date 08/28/2018	Crash Time 12:35 AM							
6TL0BGSFB	Date Notified 08/28/2018	Time Notified 12:37 AM	Total U 01	Total Units 01		Total Kill 00	ed		
0B(On Emergency	and Run		Work Zone	Trailer or Towed		Reporting Threshold		
6 I L	Government Property	Active School Zone	School NO	Bus Related	Tags				
	Reportable	Crash Type DT4000 (STANDARD CRAS	H)		Amend	led	Secondary Crash		
l	Description					Reconstructio	n Py		
						Photos By			
	SLIDE OFF DU	Additional Info	ormation						
		nt officer, agree that I have r							
	UNIT 1 WAS SOUTH ON USH 12. MEDIAN IN A LARGE PUDDLE OI AREA.								

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ON USH12 EB 0.39 MI N OF RAB N REEDSBURG RD 3 IN THE TOWN OF DELTON IN SAUK COUNTY Latitude 43.538391846 Longitude -99.787331789 X Coordinate 274798.1875 Y Coordinate 274798.1875 Y Coordinate 4824380 Structure Type Crash Scene First Harmful Event DITCH First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY) Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT Light Condition DARK/UNLIT Road Surface Condition(s) WET Roadway Factor(s) WEATHER CONDITIONS NONE Weather Condition(s) RAIN Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Location Crash Classification - Jurisdiction	331789 inate 30		
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TRAFFICWAY - ON ROAD Crash Classification - Location Crash Classification - Jurisdiction			
Crash Classification - Location Crash Classification - Jurisdiction			
	NO SPECIAL JURISDICTION		
Tribal Land Access Control Special S NO CONTROL Special S	Special Study		
Within Interchange Area Junction Location Intersection Type NO NON-JUNCTION NOT AN INTERSECTION			
Unit Summary			
	Classification Unit Type AUTOMOBILE		
	Operating As Endorsements		
	ments		
	nents		
1 AGOLINGEN GAN			
Total Occs Train/Bus # Injured Total # Citations Issued Total Trailers Total HazMat Types			
Total Occs Train/Bus # Injured Total # Citations Issued Total Trailers Total HazMat Types 2 1 0 1 1 1	Mat Types		
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Insurance? Direction Of Travel Total # Citations Issued Total Trailers Total HazMat Types No Direction Of Travel Pre CrashTire Speed Limit Total Lanes No SOUTHBOUND Pre CrashTire Speed Limit Total Lanes Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use NO TAPPLICABLE DITCH Traffic Control NO SPECIAL FUNCTION Traffic Control Inoperative/Missin DIVIDED HWY W/O TRAFFIC BARRIER NO CONTROL NO Surface Type Road Curvature Road Grade BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat NO Vehicle Vehicle License Plate Number Plate Type St Country of Issuance T13BZU Plate Type MUT - AUTOMOBILE WI UNITED STATES	Mat Types es icle Use		
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From Source Production of the product of the produ	Mat Types es icle Use		
Total Occs Train/Bus # Injured Total # Citations Issued Total Trailers Total HazMat Types 1 0 0 0 0 0 0 0 Insurance? Direction Of Travel SOUTHBOUND Pre CrashTire Mark Speed Limit 65 Total Lanes Most Harmful Event: Collision With DITCH Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE Traffic Way Traffic Control Traffic Control Inoperative/Missin NO CONTROL NO Surface Type BLACKTOP (BITUMINOUS) Traffic Control No Truck Bus or HazMat No NO STRAIGHT LEVEL Truck Bus or HazMat No NO STRAIGHT LEVEL Vehicle Plate Type AUT - AUTOMOBILE Vi UNITED STATES Vehicle Identification Number 572SL65817Z416386 PONTIAC 2007 VIBE Color Body Style Bus Use NOT A BUS Bus Use NOT A BUS Whi - WHITE HB - HATCHBACK NOT A BUS	Mat Types es icle Use		
From Source Production of Normalization of the Source Provided	Mat Types es icle Use		



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WISCONSIN MOTOR VEHICLE CRASH REPORT

					icle Removed By				
			DUE TO DISABLING DAMAG	BILI	LS TOWING				
		What Driver Was Doing GOING STRAIGHT		Vehi	icle Factors				
		Driver Prior Action Other			T APPLICABLE				
		Driver Actions							
		Driver Actions SPEED TOO FAS	T/COND, FAILURE TO CONTROL	L. RA	N OFF ROADWAY				
н	Ë	0. 225 100 17.0		_,					
UNIT	¥								
	VEHICLE								
	>								
		Driver Distractions							
		NOT DISTRACTE	D						
01	6								
0	0								
		Owner Name			Owner Address				
		EMILY JUNE FAU	IL		1605 E STATE ROAD 33				
		(608) 402-3595			PORTAGE, WI 53901 , US				
		Sequence Of E	vents						
		Event							
	6	RUN OFF ROADWAY LEFT							
	02								
	0								
	03	Event Event							
	04	Event							
	-								
		ndividual							
		Driver EMILY JUNE FAUL (608) 402-3595 Address			itations Issued	Sex FEMALE			
	AL				ate of Birth	Race			
	DIVIDUAL					WHITE			
UNIT	₹				river License Number				
	Ā	1605 E STATE ROAD 33 PORTAGE, WI 53901 ,US							
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment	On Duty Crash	Sa	afety Equipment				
				S	HOULDER & LAP BELT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance					
		Eye Protection			Tint Compliance				
0	001	Injury	Injury Severity		irbag				
	0	Injury NO APPARENT INJURY		NON DEPLOYED					
				-	Ejection Path Trapped/Extricated				
		NOT EJECTED Medical Transport			IOT EJECTED/NOT APPLICABL MS Agency Identifier	NOT TRAPPED EMS Run #			
		Nedical Transport NOT TRANSPORTED							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Hospital			Date of Death Time of I		Time of Death	of Death		
		Striking Unit #		Prior Action	Location			To/From School		
		Non Motorist	••••••••••••••							
		Action								
		/ louon								
	INDIVIDUAL									
F	2									
UNIT	¥									
	Ξ									
	Ż									
	=									
		Action Other								
		Action Other								
	_	Drug & Alachal	Suspected Alcohol L	Jse	Suspected Drug Us	se .				
	L	Drug & Alcohol	NO		NO					
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN								
		Drug Test Given			Drug Test Type		Drug Test Results			
		TEST NOT GIVEN			Diag root type		Drug rest results			
2	00	Drug Type								
U	0									
		Individual Condition								
		APPEARED NOR	MAI							
		AFFEARED NOR	MAL							
		Individual								
		Passenger			Citations Issued		Sex			
		JAY ALLEN POPPLE (000) 000-0000			0		MALE			
	A				Date of Birth Race					
L	NDIVIDUAI				WHITE					
UNIT	₹	Address			Driver License Num	har				
5	5	1605 E STATE RC	1AD 33		Driver License Nur	Iber				
	Z				STATE WISCO	NSIN COUNTRY: UN	ITED STATES			
	-		PORTAGE, WI 53901 ,US			STATE: WISCONSIN COUNTRY: UNITED STATES				
			On Duty Crash		Safety Equipment					
		Equipment								
		Seat Position			SHOULDER & LAP BELT					
		3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER								
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
~	2		Injury Severity		Airbag					
9	002	Injury	NO APPARENT I	NJURY	NON DEPLOYE	-				
		Ejected	I		Ejection Path Trapped/Extricated					
		NOT EJECTED			NOT EJECTED/NOT APPLICABL NOT TRAPPEI					
		Medical Transport								
					EMS Agency Identi	liei	EMS Run #			
		NOT TRANSPOR	IEU							
		Hospital			Date of Death Time		Time of Death	ime of Death		
			Striking Unit #	Prior Action	•	Location	÷	To/From School		
		Non Motorist								

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WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action						
	L	Action Other Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN			Suspected Drug Use NO Alcohol Test Type Drug Test Type Drug Test Type Drug Test Results			
0	002	Drug Type Individual Condition APPEARED NORI Violations						
	01	UTC Number AE139756	Issue To? 001	Statute Number 343.44(1)(a)	Seq Num 001	Description OPERATING AFTER SUSPENSION		