



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

Location

ON USH12 EB 0.39 MI N OF RAB N REEDSBURG RD 3 IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.538391846</b>	Longitude <b>-89.787331789</b>
	X Coordinate <b>274798.1875</b>	Y Coordinate <b>4824380</b>
	Structure Type	

Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>WET</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>RAIN</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Injured	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types	
	Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>DITCH</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>01</b>	<b>Vehicle</b>			
		License Plate Number <b>713BZU</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>5Y2SL65817Z416386</b>	Make <b>PONTIAC</b>	Year <b>2007</b>	Model <b>VIBE</b>
		Color <b>WHI - WHITE</b>	Body Style <b>HB - HATCHBACK</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>NON-COLLISION</b>	Vehicle Damage		
		Extent Of Damage <b>NO DAMAGE</b>	<b>NO DAMAGE</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>BILLS TOWING</b>			
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors  <b>NOT APPLICABLE</b>			
		Driver Prior Action Other					
		Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL, RAN OFF ROADWAY</b>					
01	01	Driver Distractions <b>NOT DISTRACTED</b>					
		Owner Name <b>EMILY JUNE FAUL (608) 402-3595</b>		Owner Address <b>1605 E STATE ROAD 33 PORTAGE, WI 53901 , US</b>			
		<b>Sequence Of Events</b>					
		01	Event <b>RUN OFF ROADWAY LEFT</b>				
02	Event <b>DITCH</b>						
03	Event						
04	Event						
UNIT	INDIVIDUAL	<b>Individual</b>					
		Driver <b>EMILY JUNE FAUL (608) 402-3595</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>		
				Date of Birth [REDACTED]	Race <b>WHITE</b>		
		Address <b>1605 E STATE ROAD 33 PORTAGE, WI 53901 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>		On Duty Crash			
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		01	001	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
				Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>				EMS Agency Identifier	EMS Run #		

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UNIT	INDIVIDUAL	Hospital	Date of Death	Time of Death			
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School	
		Action					
		Action Other					
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>			
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results			
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results			
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		UNIT	INDIVIDUAL	<b>Individual</b>			
Passenger <b>JAY ALLEN POPPLE (000) 000-0000</b>	Citations Issued <b>0</b>			Sex <b>MALE</b>			
	Date of Birth [REDACTED]			Race <b>WHITE</b>			
Address <b>1605 E STATE ROAD 33 PORTAGE, WI 53901 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>						
<b>Equipment</b>	On Duty Crash			Safety Equipment			
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<b>SHOULDER &amp; LAP BELT</b>						
Helmet Use	Helmet Compliance						
Eye Protection	Tint Compliance						
UNIT	INDIVIDUAL			<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
				Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
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UNIT	INDIVIDUAL	Action					
		Action Other					
	01	002	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
			Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>						
	<b>Violations</b>						
	01		UTC Number <b>AE139756</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(a)</b>	Seq Num <b>001</b>	Description <b>OPERATING AFTER SUSPENSION</b>