

6TL0BGSFBV  
18-10436

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 <b>18-10436</b>		Investigating Officer/Deputy <b>DEPUTY B. LUBER</b>	
Crash Date <b>09/19/2018</b>		Crash Time <b>08:20 PM</b>		Date Arrived <b>09/19/2018</b>		Time Arrived <b>08:39 PM</b>	
Date Notified <b>09/19/2018</b>		Time Notified <b>08:21 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p style="text-align: center;"><b>W HILLPOINT RD</b></p> <p style="text-align: right;"><b>NOT TO SCALE</b></p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

OPERATOR OF UNIT 1 STATED HE WAS TRAVELING WEST ON HILL POINT RD WHEN HIS DASH LIGHTS STARTED TO FLICKER AND LATER STARTED TO SMELL SMOKE. OPERATOR OF UNIT 1 SAID HE STOPPED THE VEHICLE AND MORE SMOKE STARTED TO BECOME EVIDENT IN THE CABIN. SHORTLY AFTER THE VEHICLE STARTED ON FIRE AND BECAME FULLY ENGULFED. NO COLLISION OBSERVED ON THE VEHICLE AND UNKNOWN WHAT CAUSED THE FIRE. VEHICLE PURCHASED APPROX. 1 MONTH AGO AND NO MAJOR ISSUES HAD OR KNOWN WITH THE VEHICLE.

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Location

ON W HILLPOINT RD 0.27 MI E OF CTHG WB IN THE TOWN OF WASHINGTON IN SAUK COUNTY	Latitude <b>43.423743758</b>	Longitude <b>-90.146986706</b>
	X Coordinate <b>245256.78125</b>	Y Coordinate <b>4812684</b>
	Structure Type	

Crash Scene

First Harmful Event <b>FIRE/EXPLOSION</b>	First Harmful Event Location <b>ON ROADWAY</b>		
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>		
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>		
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</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>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>	Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>		
Date Initial Lane/Rd Closed <b>09/19/2018</b>	Time Initial Lane/Rd Closed <b>08:20 PM</b>		
Date All Lanes Open <b>09/19/2018</b>	Time All Lanes Open <b>09:25 PM</b>	Date Scene Cleared <b>09/19/2018</b>	Time Scene Cleared <b>09:30 PM</b>

Unit Summary

UNIT 01	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>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>FIRE/EXPLOSION</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</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>Vehicle</b>				
		License Plate Number <b>ABW2102</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
01	Vehicle Identification Number <b>5XXGM4A76FG511788</b>	Make <b>KIA MOTORS CORPORA</b>	Year <b>2015</b>	Model <b>OPTIMA</b>	

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UNIT	VEHICLE	Color <b>GRY - GRAY</b>	Body Style <b>SD - SEDAN</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>NON-COLLISION</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>ALL AREAS</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>SHIELDS TOWING</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
		Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>MICHAEL F REMINGTON (608) 604-1050</b>	Owner Address <b>260 MAIN ST PO BOX 116 LOGANVILLE, WI 53943 , US</b>		
		<b>Sequence Of Events</b>			
UNIT	VEHICLE	01 Event <b>FIRE/EXPLOSION</b>			
		02 Event			
		03 Event			
		04 Event			
UNIT	INDIVIDUAL	<b>Policy Holder</b>			
		Insurance Company <b>GEICO-GENERAL-INS-CO</b>	Individual <b>MICHAEL REMINGTON</b>		
		<b>Individual</b>			
UNIT	INDIVIDUAL	Driver <b>JOHN BERNARD GILLINGHAM V (608) 604-2902</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Address <b>260 MAIN ST PO BOX 116 LOGANVILLE, WI 53943 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Equipment</b>	On Duty Crash	Safety Equipment	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>RESTRAINT USE UNKNOWN</b>		
	Helmet Use	Helmet Compliance			

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01	001	Eye Protection		Tint Compliance				
		<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 #		
		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				
01	001	Drug Type						
		Individual Condition <b>APPEARED NORMAL</b>						