

6TL09B7D9J  
18-11691

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>18-11691</b>	Investigating Officer/Deputy <b>DEPUTY A. MEEKER</b>	
Crash Date <b>10/21/2018</b>		Crash Time <b>01:18 AM</b>	Date Arrived <b>10/21/2018</b>	Time Arrived <b>01:28 AM</b>	
Date Notified <b>10/21/2018</b>		Time Notified <b>01:20 AM</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 type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input checked="" 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>	Reconstruction By
	Photos By <b>SGT.SCHRAM</b>
	Additional Information <b>NONE, PHOTOS</b>

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

UNIT 1 WAS TRAVELING SOUTH BOUND ON HWY BD. UNIT 1 DRIFTED OFF THE ROADWAY ENTERING THE DITCH, STRUCK A TRAFFIC SIGN POST, AND THEN CAME TO REST. UNIT 1 WAS CITED FOR OWI FIRST OFFENSE. SEE CASE # 18-11681 FOR MORE INFORMATION.

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## Location

ON CTHBD SB 0.50 MI S OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.539732118</b>	Longitude <b>-89.777875285</b>
	X Coordinate <b>275567.25</b>	Y Coordinate <b>4824503.5</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>TRAFFIC SIGN POST</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>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - NOT 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>01</b> <b>UNIT</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>02</b>	Train/Bus # Injured	Total # Citations Issued <b>02</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>TRAFFIC SIGN POST</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>01</b> <b>UNIT</b>	<b>Vehicle</b>			
	License Plate Number <b>ABA6210</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JNKBV61F17M822744</b>	Make <b>INFINITI</b>	Year <b>2007</b>	Model <b>G35 AWD</b>
	Color <b>WHI - WHITE</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 12--FRONT</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		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>FAILURE TO CONTROL</b>				
01	01	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>ANDREW DEVON MOUNTAIN (999) 999-9999</b>		Owner Address <b>W9000 WA KA JA HUK RD BLK RIVER FALLS, WI 54615 , US</b>		
		<b>Sequence Of Events</b>				
		01	Event <b>TRAFFIC SIGN POST</b>			
02	Event					
03	Event					
04	Event					
UNIT	INDIVIDUAL	<b>Individual</b>				
		Driver <b>ANDREW DEVON MOUNTAIN (999) 999-9999</b>		Citations Issued <b>02</b>	Sex <b>MALE</b>	
				Date of Birth [REDACTED]	Race <b>INDIAN</b>	
		Address <b>W9000 WA KA JA HUK RD BLK RIVER FALLS, WI 54615 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Equipment</b>		On Duty Crash		
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Helmet Compliance		
		Helmet Use		Tint Compliance		
		Eye Protection		Airbag <b>NON DEPLOYED</b>		
		01	001	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</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>YES</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>ASLEEP OR FATIGUED, UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>						
		UNIT	INDIVIDUAL	<b>Individual</b>				
Passenger <b>TAMA GREENDEER (999) 999-9999</b>				Citations Issued <b>0</b>		Sex <b>MALE</b>		
Address <b>W8850 THUNDERCLOUD RD BLK RIVER FALLS, WI 54615 , US</b>				Date of Birth [REDACTED]		Race <b>INDIAN</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				
<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		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action					
		Action Other					
	<b>01</b>	<b>002</b>	<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>ASLEEP OR FATIGUED, UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>				
	<b>01</b>	<b>02</b>	<b>Violations</b>				
			UTC Number <b>AE141946</b>	Issue To? <b>001</b>	Statute Number <b>346.63(1)(a)</b>	Seq Num <b>002</b>	Description <b>OPERATING WHILE UNDER THE INFLUENCE</b>
			UTC Number <b>AE141947</b>	Issue To? <b>001</b>	Statute Number <b>346.935(3)</b>	Seq Num <b>001</b>	Description <b>KEEP OPEN INTOXICANTS IN MV-DRIVER</b>
<b>Property Owner</b>							
<b>PROP OWNER</b>	<b>01</b>	Government <b>WISCONSIN DEPT OF TRANSPORTATION</b> <b>(608) 246-3800</b>			Address <b>2101 WRIGHT ST</b> <b>MADISON, WI 53705 2583, US</b>		
		<b>Fixed Objects Struck</b>					
<b>01</b>	<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>TRAFFIC SIGN POST</b>		Structure Number	Damage Tag Number <b>337535</b>	