6TL092T5MG

18-12533

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| 6TL092T5MG | Government Active School Zone Crash Type | | School Bus Related NO | | Tags | | | Secondary | | |
|------------|---|--|--------------------------|--|------------------------------|--|-------------------------|--|--|------------------------|
| | On Emergency Hit | | and Run Lane Closu | | ıre Work Zone | | ☐ Trailer or T | owed | | Reporting Threshold |
| | Date Notified 11/09/2018 | | Time Notified 07:21 PM | | Total Units 01 | | Total Injured 00 | Total Killed 00 | | |
| | Crash Date 11/09/2018 | | Crash Time 07:21 PM | | Date Arrived 11/09/2018 | | Time Arrived 07:31 PM | | | |
| | Document Number Override | | Primary Crash Document # | | Agency Crash Number 18-12533 | | 0 0 | Investigating Officer/Deputy DEPUTY J. KIRKENG | | |

Description Diagram

Reconstruction By

Photos By

Additional Information **NONE**

Ski Hill Rd Ski Hill Rd Not drawn to

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

UNIT WAS TRAVELING W/B ON SKI HILL RD. UNIT 1 ATTEMPTED TO TAKE A CORNER TOO FAST FOR THE SNOW COVERED ROAD CAUSING IT TO EXIT THE ROADWAY AND GO INTO THE DITCH.

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Location

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Crash Time 07:21 PM

| | | SKI HILL RD MI W | | | Latitude | | Longitude -89.977089834 | | | |
|-------------|--------|--|---------------------|------------------------------|---|---|-------------------------|-------------------------------------|--|--|
| | | GOLF COURSE RD | | 43.505972191 | | | | | | |
| | IN T | HE TOWN OF REEDS | | X Coordinate 259337.09375 | | | Y Coordinate 4821311 | | | |
| | IN S | AUK COUNTY | | | | cture Type | | 402101 | <u>. </u> | |
| | | | | | | STRUCTURE | | | | |
| | Cra | sh Scene | | | | | | | | |
| | | Harmful Event | | | Fire | t Harmful Event L | ocation | | | |
| | DIT | | | | | ADSIDE | .ocalion | | | |
| | | ner of Collision | | | Ligh | t Condition | | | | |
| | NO | COLLISION W/VEHICL | _ | DARK/UNLIT | | | | | | |
| | Road | d Surface Condition(s) | Roa | Roadway Factor(s) | | | | | | |
| | WE | Γ, SNOW | | | | | | | | |
| | Envi | ronment Factor(s) | | | | | | | | |
| | | ATHER CONDITIONS | | | NO | NE | | | | |
| | | | | | NO. | INE | | | | |
| | Wea | ther Condition(s) | | | | | | | | |
| | SNC |)W | | | | | | | | |
| | Anim | al Type | | | Rela | ation To Trafficwa | ny | | | |
| | | | | | TRA | AFFICWAY - C | N ROAD | | | |
| | | h Classification - Location | | | | Crash Classification - Jurisdiction | | | | |
| | | BLIC PROPERTY | | | _ | SPECIAL JUF | RISDICTION | | To | |
| | Triba | al Land | | | | Access Control Special Study NO CONTROL | | | | |
| | With | in Interchange Area | Junction Location | 11 | Intersection Typ | | | | | |
| | NO | in interentinge / trea | NON-JUNCTION | | NOT AN INTE | | | | | |
| | Llnit | t Summary | | | | | | | | |
| | | Status | | Vehicle Opera | ating As Classifi | cation | Unit Type | | | |
| | IN T | RANSIT | | D CLASS | D CLASS | | | AUTOMOBILE | | |
| _ | Vehi | cle Type | | 1 | | Operating As Endorsements | | | | |
| 5 | PAS | SENGER CAR | Train/Bus # Injured | | | | | | | |
| | | Occs | Total # Citatio | ons Issued | Total Tra | ilers | Total Hazi | Mat Types | | |
| | 1 | | Direction Of Travel | Of Travel | | 0 Speed L | | 0 Total Lane | 200 | |
| _ | YES | ance? | WESTBOUND | | rashTire ⁄lark | 45 | 2 | | 73 | |
| Ē | | Harmful Event: Collision V | Special Funct | | | Emergency Motor Vehicle Use | | cle Use | | |
| - | DIT | СН | | NO SPECIA | AL FUNCTION | N | NOT APP | PLICABLE | | |
| | | ic Way | | | Traffic Control | | | Traffic Control Inoperative/Missing | | |
| | | D-WAY, NOT DIVIDED | | | NO CONTROL | | | NO | | |
| | | ace Type NCRETE | | | Road Curvature CURVE - UNKNOWN DIRECTION | | | Road Grade LEVEL | | |
| | | k Bus or HazMat | | CORVE - OI | CORVE - UNKNOWN DIRECTION LEVEL | | | | • | |
| | NO | N Dus of Flaziviat | | | | | | | | |
| | , | Vehicle | | | | | | | | |
| | | License Plate Number | | Plate Type | | St | Country of Is | suance | | |
| | | 963YXY | | AUT - AUT | OMOBILE | WI | UNITED S | | | |
| _ | | Vehicle Identification Num | nber | Make | | | Model | | | |
| 5 | 0 | 1G1AL15F977303545 | CHEVROL | CHEVROLET | | COBALT | | | | |
| | | Color | Body Style | 1 | | | Bus Use NOT A BUS | | | |
| | | BLK - BLACK | | | ZD - ZDI(| | | | | |
| — | ΊΈ | Initial Contact Point 1RIGHT FRONT CO | RNFR | venicie Dam | Vehicle Damage | | | | | |
| L N O | VEHICL | Extent Of Damage | 1RIGHT F | 1RIGHT FRONT CORNER, 12FRONT | | | | | | |
| ر | VEI | MINOR DAMAGE | | | | | | | | |
| | | | | | | | | 0 15 | 44 100 100 40 | |
| /iscc | nsin N | Notor Vehicle Crash | Т | his report does not in | nciude any CJIS | data. | | Crash Date | 11/09/2018 | |

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| | Towed Due To Damage | | | Vehicle Removed By | | | | | | |
|----------|----------------------------------|--|---------------------|--|--------------------|--|--|--|--|--|
| | NOT TOWED What Driver Was Doing | | | OWNER Volviele Feature | | | | | | |
| | | NEGOTIATING CL | 0 | Vehicle Factors | | | | | | |
| | | Driver Prior Action Ot | | NOT APPLICABLE | | | | | | |
| | | Driver Frior Action Of | iioi | | | | | | | |
| | | Driver Actions | | | | | | | | |
| | щ | SPEED TOO FAS | SPEED TOO FAST/COND | | | | | | | |
| LIND | 걸 | | | | | | | | | |
| 5 | VEHICL | | | | | | | | | |
| | > | | | | | | | | | |
| | | Driver Distractions | | | | | | | | |
| | | UNKNOWN IF DIS | TRACTED | | | | | | | |
| | | | | | | | | | | |
| _ | _ | | | | | | | | | |
| 2 | 2 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | | |
| | | KENDAL JON DA | NK | 242A S MAIN ST HILLPOINT, WI 53937 , US | | | | | | |
| | | (608) 434-5868 | | | | | | | | |
| | | | | | | | | | | |
| | ; | Sequence Of E | vents | | | | | | | |
| | 5 | Event RUN OFF ROADV | AY RIGHT | | | | | | | |
| | 02 | Event DITCH | | | | | | | | |
| | | Event | | | | | | | | |
| | 03 | | | | | | | | | |
| | 9 | Event | | | | | | | | |
| \vdash | 1 | Policy Holder | | | | | | | | |
| L | | Insurance Company | | | | | | | | |
| | | | ANCE-CO | KENDAL DANK | | | | | | |
| | ı | Individual | | | | | | | | |
| | | Driver KENDAL JON DA | NK | Citations Issued | Sex | | | | | |
| | 4 | (608) 434-5868 | NA. | Date of Birth | MALE Race | | | | | |
| | Ž | | | Date of Birtii | WHITE | | | | | |
| EN I | INDIVIDUA | Address | | Driver License Number | <u> </u> | | | | | |
| - | ₫ | 242A S MAIN ST | | | | | | | | |
| | = | HILLPOINT, WI 53 | 1937 , US | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | Equipment On Duty Crash | | Safety Equipment | | | | | | |
| | | | | | | | | | | |
| | | Seat Position | | SHOULDER & LAP BELT | | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use | | Helmet Compliance | | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| | | | | | | | | | | |
| 2 | 00 | Injury Severity NO APPARENT INJURY | | Airbag NON DEPLOYED | | | | | | |
| | | Ejected NO APPARENT INJURY | | Ejection Path | Trapped/Extricated | | | | | |
| | | NOT EJECTED | | NOT EJECTED/NOT APPLICABL | NOT TRAPPED | | | | | |

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| | Medical Transport NOT TRANSPORT | TED | | EMS Agency Identifier | | EMS Run # | | | |
|--------------------|---------------------------------|--|--|---|---|----------------------|---|--|--|
| | Hospital | | | Date of Death | | Time of Death | | | |
| | Non Motorist | Striking Unit # | Prior Action | | Location | | To/From School | | |
| | Action | | | | | | • | | |
| NOAL | | | | | | | | | |
| אור | | | | | | | | | |
| | | | | | | | | | |
| - | Action Other | | | | | | | | |
| | | | | | | | | | |
| D | rug & Alcohol | Suspected Alcoho NO | l Use | Suspected Drug Use NO | | | | | |
| | Alcohol Test Given | | | | Туре | Alcohol Test Results | | | |
| | | | | Drug Toot Type | | | Drug Took Doorlie | | |
| TEST NOT GIVEN | | | Drug Test Type Drug Test Results | | | | | | |
| 100 | Drug Type | | | | | | | | |
| | Individual Condition | | | | | | | | |
| | APPEARED NOR | MAL | | | | | | | |
| ١ | /iolations | | | | | | | | |
| 5 | UTC Number AD978242 | | | Seq Num 001 | Description DRIVING TOO FAST F | FOR CONDITIONS | | | |
| roj | perty Owner | | | | | | | | |
| , g (608) 356-3855 | | | | | Address 620 STH 136 PO BOX 26 BARABOO, WI 53913 , US | | | | |
| ixe | d Objects Stru | ick | | | | | | | |
| _ | Striking Unit Str | ruck Object | | | | | Damage Tag Number 0000 | | |
| i | D COVERNORS | Action Other Action Other Action Other Action Other Action Other Action Other Alcohol Test Given TEST NOT GIVEN OR GIVEN OR GIVEN OR OTHER | Action Other Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Violations UTC Number AD978242 TOPERTY OWNER OUTONIC STRUCK Striking Unit Struck Object | Action Other Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Violations UTC Number AD978242 TOPORTY OWNER OOPERTY OWNER OOPERTY OWNER OOPERTY OWNER Striking Unit Struck Object Striking Unit Struck Object | Hospital Date of Deal | Non Motorist | Action Other Action Other Drug & Alcohol Suspected Alcohol Use NO NO NO NO NO NO NO N | | |