#### 6TL09XQXZF

18-12588

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrio	le Primary Crash	Document #	Agency 18-125	Crash Number		ng Officer/Deputy I. GALVAN		
		Crash Time				ne Arrived		
<b>11/11/2018</b> Date Notified	Time Notified	03:10 AM Time Notified		nits	03:26 AM Total Injured	Total Kille	ed	
11/11/2018	03:12 AM		01		00	00		
On Emergency	Lane Clos	ne Closure Work Zone			or Towed	Reporting Threshold		
Government Property	Active S	chool Zone	School Bus Related Tags NO			-		
<b>∨</b> Reportable	ANDARD CRAS	SH)			ded	Secondary Crash		
Description =	<b>-</b>						l	
		MAILBOX ( CHURCHIL				Photos By I.GALVAN  Additional Info	ormation	
UI	וע וע				<u> </u>			
NOT TO SCALE	F	CHURCHILL ROAD						
I, a sworn law enfo UNIT 1 IS UNKNOWN. UN MAIL BOX AT E5741 CHU	IIT 1 APPEARED TO BE	TRAVELING WES	STBOUND	ON CHURCHILL ROAI	ON THE NORT		DER. UNIT 1 STRUCK A	

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	loc	ation									
		E5741 CHURCHILL RE		Latitude			Longitude				
	0.57 MI E						43.576587976		-90.031904665		
	_	CTHV WB				X Coordin	ate		Y Coord	dinate	
	(FIRE E5741)						255191.90625 4829314			14	
	IN THE TOWN OF WINFIELD IN SAUK COUNTY						Туре				
	Cra	sh Scene				1					
		Harmful Event				First Harm	ful Frant	Lagation			
		LBOX				ROADSI		Location			
		ner of Collision			Light Condition						
		COLLISION W/VEHICL	E IN TRANSPORT			DARK/U					
		d Surface Condition(s)				Roadway					
	DRY	` ,					, ,				
	Envir	ronment Factor(s)									
	NON	<b>NE</b>				NONE					
	Wea	ther Condition(s)				1					
	CLE	. ,									
	Anim	al Type				Relation T		-	_		
								NOT ON ROA	ND		
		h Classification - Location						- Jurisdiction			
	_	I Land				NO SPECIAL JURISDICTION				Special Study	
	TIIDE	ii Land			Access Control NO CONTROL Intersection Type				Special Study		
	Withi	in Interchange Area	Junction Location								
	NO	=	NON-JUNCTION			INTERSE	CTION				
	Unit	Summary									
		Status		Vehicle Ope	erating As C	lassification		Unit Type			
	нт	AND RUN		D CLASS	_				MOBILE		
_	Vehic	cle Type						Operating As Endorsements			
>	PAS	SENGER CAR									
	Total	Occs	Train/Bus # Injured	Total # Cita	tions Issued		Total Tra	ailers	Total Haz	zMat Types	
	1			0	0			0			
		ance?	Direction Of Travel	Pre	CrashTire					nes	
:		(NOWN	UNKNOWN		Mark		45	2			
5		Harmful Event: Collision V	Vith	Special Fun	iction IAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE			
		LBOX					Traffic Control Inoperative/Missing				
	Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Traffic Control NO CONTROI Sorrace Type Road Curvature STRAIGHT					ni .			NO		
							Road Grade				
									LEVEL		
		k Bus or HazMat	- ,								
	NO										
	,	Vehicle									
		License Plate Number Plate Type			<u> </u>		St	Country of Is	suance		
_					Make Year		Year Model				
>	01										
		Color B			Body Style			Bus Use			
					NOT A BUS						
	Ш	Initial Contact Point 12FRONT			Vehicle Damage						
_		IZ**FRUNI									
-	<b>≌</b>			12FROM	NT						
5	VEHICLE	Extent Of Damage FUNCTIONAL DAMA	GE	12FROM	NT						

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		Towed Due To Dama	age	Vehicle Removed By						
		NOT TOWED  What Driver Was Doi	ng	OPERATOR  Vehicle Factors						
		UNKNOWN	ng	Verificie Factors						
		Driver Prior Action Of	ther	UNKNOWN						
		Daissan Alatiana								
	ш	Driver Actions UNKNOWN								
╘	VEHICLE									
LIND	Ĭ									
	VE									
		Driver Distractions UNKNOWN IF DIS	STRACTED							
5	1									
0	01									
		Owner Name		Owner Address						
				, ,						
	9	Sequence Of E	vents							
		Event								
	01	MAILBOX								
	02	Event								
	Event									
		Event								
	04									
	i	ndividual								
		Driver		Citations Issued	Sex					
	٩L			Date of Birth	Race					
_	DIVIDUAL			Date of Birth	Race					
E I	Σ	Address		Driver License Number						
_ ا	IND									
		, ,								
	ļ		On Duty Crash	Safety Equipment						
		Equipment								
		Seat Position		NONE USED - VEHICLE OCCUPANT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use		Helmet Compliance						
		Tiennet 03e		Tremet Compilance						
		Eye Protection		Tint Compliance						
	_		Injury Severity	Airbag						
2	00	Injury	NO APPARENT INJURY	NOT APPLICABLE						
		Ejected		Ejection Path	Trapped/Extricated					
		NOT APPLICABL	E	NOT EJECTED/NOT APPLICABL	NOT APPLICABLE					
		Medical Transport NOT TRANSPOR	TED	EMS Agency Identifier EMS Run #						

3 of 4

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Crash Date 11/11/2018

Crash Time 03:10 AM

		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action								
	ļ									
⊨	Ž									
UNIT	INDIVIDUAL									
	2									
		Action Other								
			Suspected Alcohol	Use	Suspected Drug Us	se .				
	E	Orug & Alcoho	ol saa aa							
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		Drug Test Given	=IN		Drug Test Type		Drug Test Results			
		TEST NOT GIVE	EN							
70	90	Drug Type								
		Individual Condition								
		NOT OBSERVE	ט							
		perty Owner								
01		idual <b>ARLENE K COLL</b>	INS		Address E5741 CHURCHII					
PROP OWNER	(608) 524-2683			REEDSBURG, W	53959 , US					
		1011 1 01								
	FIXE	ed Objects St					Chryster Niverbar	5 T N I		
	5		Struck Object  MAILBOX					Damage Tag Number <b>00000</b>		
1										