

WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL0BGSFCB

Document Number Override		Primary Crash Document #	Agency Crash Number 18-13631	Investigating Officer/Deputy DEPUTY B. LUBER	
Crash Date 12/08/2018		Crash Time 08:00 AM	Date Arrived 12/08/2018	Time Arrived 08:10 AM	
Date Notified 12/08/2018		Time Notified 08:03 AM	Total Units 01	Total Injured 01	Total Killed 00
<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 type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information OTHER DOCUMENTS

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

U1 WAS TRAVELING WEST ON USH 14. OPERATOR OF U1 SAID HE THOUGHT HE STRUCK SOMETHING, LEFT THE ROADWAY, AND STRUCK A TREE. FROM MY INVESTIGATION AND OBSERVING TIRE MARKS ON SCENE, IT APPEARS THAT U1 ENTERED THE SHOULDER, OVER CORRECTED, CROSSED CENTERLINE, RE ENTERED WB LANE, ENTERED THE DITCH, STRUCK A TREE, AND CAME TO REST. INDIVIDUAL 2 REPORTED POSSIBLE INJURY BUT REFUSED EMS. INDIVIDUAL 3 DID NOT WISH TO IDENTIFY HERSELF AND DID NOT REPORT ANY INJURY. WITNESS 1 REPORTED SWERVING PRIOR TO THE CRASH, ENTERING THE SHOULDER, OVER CORRECTING, AND LEAVING THE ROADWAY. VEHICLE REMOVED BY GEORGES TOWING.

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Location

ON E3217 USH14 WB 0.55 MI W OF DONALD RD (FIRE E3217) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.190791397	Longitude -90.157484292
	X Coordinate 243428	Y Coordinate 4786843.5
	Structure Type FIRE	

Crash Scene

First Harmful Event TREE	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements
	Total Occs 3	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With TREE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	01	Vehicle			
		License Plate Number 195XJH	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5TDJK3EH9AS027582	Make TOYOTA	Year 2010	Model HIGHLANDER
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 1--RIGHT FRONT CORNER	Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR		
Extent Of Damage DISABLING DAMAGE					

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UNIT	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By GEORGES AUTO BODY			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE			
	Driver Prior Action Other					
	Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY, OVER-CORRECTING/OVER-STEERING					
01	01	Driver Distractions UNKNOWN IF DISTRACTED				
		Owner Name ABRAHIM ABDIWALI DAMAL (608) 355-3414	Owner Address 2361 CHALET GARDENS RD # 2 FITCHBURG, WI 53711 , US			
Sequence Of Events						
UNIT	01	Event MOTOR VEH IN TRANSPORT				
		Event CROSS CENTERLINE				
		Event RUN OFF ROADWAY RIGHT				
		Event TREE				
Policy Holder						
UNIT	Insurance Company ACCORD		Organization/Company RICHWOOD TRANSPORTATION			
	Individual					
	UNIT	INDIVIDUAL	Driver ABRAHIM ABDIWALI DAMAL (608) 335-3414	Citations Issued 1	Sex MALE	
				Date of Birth	Race BLACK	
	Address 2361 CHALET GARDENS RD # 2 FITCHBURG, WI 53711 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
01	001	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	RESTRAINT USE UNKNOWN			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-SIDE		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	

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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger KRISTIE C LABELLE (920) 297-4989		Citations Issued 0	Sex FEMALE		
				Date of Birth	Race INDIAN		
		Address 508 N 4TH ST MUSCODA, WI 53573 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 6--SECOND SEAT-RIGHT SIDE		SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-SIDE		
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
Non Motorist		Striking Unit #	Prior Action	Location	To/From School		

UNIT INDIVIDUAL	Action				
	Action Other				
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results		
	Drug Type				
	Individual Condition APPEARED NORMAL				
	Individual				
	Passenger UNKNOWN UNKNOWN	Citations Issued 0	Sex		
	Address , ,	Date of Birth	Race		
	Driver License Number				
UNIT INDIVIDUAL	Equipment	On Duty Crash	Safety Equipment		
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT			
	Helmet Use	Helmet Compliance			
	Eye Protection	Tint Compliance			
	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-SIDE		
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
	Non Motorist	Striking Unit #	Prior Action	Location	To/From School

UNIT	INDIVIDUAL					
	Action					
	Action Other					
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
	Drug Type					
	Individual Condition APPEARED NORMAL					
	Violations					
	01	003	UTC Number AE139795	Issue To? 001	Statute Number 346.57(2)	Seq Num 008

Witness

WITN ESS	01	Individual CHAD W HUNTER (608) 588-4184	Address 560 E HOXIE ST SPRING GREEN, WI 53588 , US	Date of Birth