

6TL0BFKD93

18-13896

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

ON STAND ROCK RD 156 FT E OF CTHA NB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.639883475	Longitude -89.789492116
	X Coordinate 275002.34375	Y Coordinate 4835658
	Structure Type	

Crash Scene

First Harmful Event OTHER NON-COLLISION	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW, ICE	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) CLEAR		
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 PASSENGER CAR	Operating As Endorsements			
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With DITCH	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					
	VEHICLE 01	License Plate Number ACW8383	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number JF1GC4350TG510371	Make SUBARU	Year 1996	Model IMPREZA L	
	Color BLU - BLUE	Body Style 4D - 4DR		Bus Use NOT A BUS		
	Initial Contact Point 1--RIGHT FRONT CORNER	Vehicle Damage				
	Extent Of Damage NO DAMAGE	NO DAMAGE				

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER			
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE					
01	01	Driver Distractions NOT DISTRACTED					
		Owner Name JEREMY MICHAEL COLLIER (608) 402-3934		Owner Address 610 COMMERCIAL AVE # 619 WISCONSIN DELLS, WI 53965 , US			
Sequence Of Events							
UNIT	INDIVIDUAL	01	Event OTHER NON-COLLISION				
		02	Event DITCH				
		03	Event				
		04	Event				
01	001	Individual					
		Driver JEREMY MICHAEL COLLIER (608) 402-3934		Citations Issued 1	Sex MALE		
		Address 610 COMMERCIAL AVE # 619 WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race BLACK		
		Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #				

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UNIT	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					
	Violations					
01	UTC Number AE139336	Issue To? 001	Statute Number 346.70(2)	Seq Num 001	Description FAILURE TO FILE ACCIDENT REPORT	