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18-13899

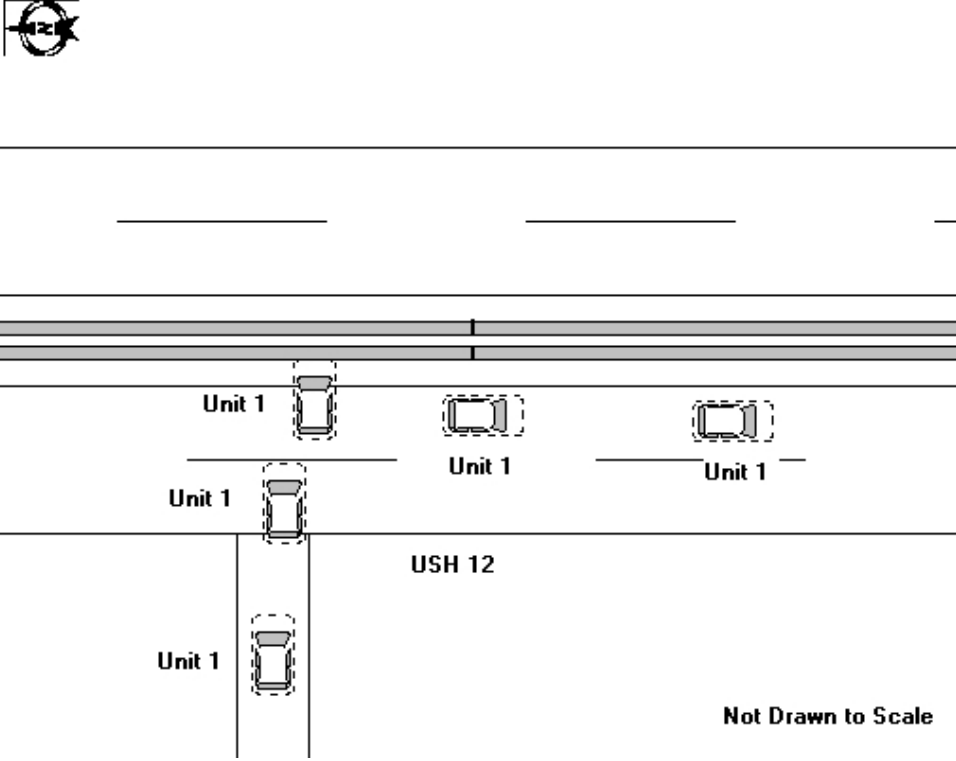
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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>18-13899</b>	Investigating Officer/Deputy <b>DEPUTY J. MACASKILL</b>	
Crash Date <b>12/15/2018</b>		Crash Time <b>12:48 AM</b>	Date Arrived <b>12/15/2018</b>	Time Arrived <b>01:00 AM</b>	
Date Notified <b>12/15/2018</b>		Time Notified <b>12:50 AM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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 <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

Diagram  	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON 12/15/18 AT APPROXIMATELY 0048 UNIT 1 CRASHED INTO A CONCRETE BARRIER ON USH 12 NEAR FERN DELL RD. UNIT 1 THEN LEFT THE SCENE OF THE CRASH AND CONTINUED SOUTHBOUND ON USH 12. A PASSERBY WITNESSED THE CRASH AND CALLED UNIT 1 INTO SAUK DISPATCH. I LOCATED THE VEHICLE DRIVING SOUTHBOUND ON USH 12 NEAR LEHMAN RD.

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**Location**

ON USH12 EB 573 FT S OF IH90 EB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude <b>43.568163754</b>	Longitude <b>-89.778563611</b>
	X Coordinate <b>275617.21875</b>	Y Coordinate <b>4827663</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>CONCRETE TRAFFIC BARRIER</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 - 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>UNIT 01</b>	Unit Status <b>HIT AND RUN</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>2</b>	Train/Bus # Injured	Total # Citations Issued <b>4</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"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>CONCRETE TRAFFIC BARRIER</b>		Special Function <b>UNKNOWN</b>	Emergency Motor Vehicle Use <b>UNKNOWN</b>		
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT 01 VEHICLE</b>	<b>Vehicle</b>				
	License Plate Number <b>ACB2966</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JTDKN3DU8A1292923</b>		Make <b>TOYOTA</b>	Year <b>2010</b>	Model
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>HB - HATCHBACK</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage <b>12--FRONT</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>					

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<b>UNIT</b>	<b>VEHICLE</b>	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>	Vehicle Removed By <b>MIKES TOWING</b>		
		What Driver Was Doing <b>UNKNOWN</b>	Vehicle Factors <b>UNKNOWN</b>		
		Driver Prior Action Other			
		Driver Actions <b>UNKNOWN</b>			
		Driver Distractions <b>UNKNOWN IF DISTRACTED</b>			
<b>01</b>	<b>01</b>	Owner Name <b>ALYSHA ANN GROSSEN (608) 448-1645</b>	Owner Address <b>413 MAPLE ST SAUK CITY, WI 53583 , US</b>		
		<b>Sequence Of Events</b>			
		<b>01</b>	Event <b>CROSS CENTERLINE</b>		
		<b>02</b>	Event <b>CONCRETE TRAFFIC BARRIER</b>		
		<b>03</b>	Event		
<b>04</b>	Event				
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>			
		Driver <b>ALYSHA ANN GROSSEN (608) 448-1645</b>	Citations Issued <b>3</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>413 MAPLE ST SAUK CITY, WI 53583 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Equipment</b>	On Duty Crash	Safety Equipment	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>RESTRAINT USE UNKNOWN</b>		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
		Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT APPLICABLE</b>	
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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		Suspected Drug Use		
		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>NOT OBSERVED</b>						
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>						
		Passenger <b>TAYLOR E BIERSTAKER</b> <b>(608) 393-2722</b>			Citations Issued <b>1</b>		Sex <b>FEMALE</b>	
		Address <b>E7979 CTH O</b> <b>SAUK CITY, WI 53583 , US</b>			Date of Birth		Race <b>WHITE</b>	
		On Duty Crash			Safety Equipment			
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>			<b>RESTRAINT USE UNKNOWN</b>			
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
		<b>Injury</b>			Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NOT APPLICABLE</b>	
		Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT APPLICABLE</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		

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	Action							
		Action Other							
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use			
			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>NOT OBSERVED</b>								
	<b>Violations</b>								
	01	02	03	04	UTC Number	Issue To?	Statute Number	Seq Num	Description
					AE140361	001	346.69	001	HIT AND RUN-PROPERTY ADJACENT TO HIGHWAY
AE140359					001	346.63(2m)	001	VIOLATE ABSOLUTE SOBRIETY LAW	
AE140360					001	346.935(3)	001	KEEP OPEN INTOXICANTS IN MV-DRIVER	
				AE140363	002	346.935(3)	003	KEEP OPEN INTOXICANTS IN MV-PASSENGER	