

6TL09KMLZL

18-14506

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

ON CTHH WB 36 FT W OF DROVERS PASS IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.577052258	Longitude -89.960269422
	X Coordinate 260978.125	Y Coordinate 4829157
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event OTHER NON-COLLISION	First Harmful Event Location SHOULDER LEFT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) WET, SNOW, SLUSH, ICE	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) CLOUDY, SNOW, SLEET/HAIL, FREEZING RAIN OR FREEZING DRIZZLE		
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 2	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With OTHER NON-COLLISION	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			
	License Plate Number ADZ5040	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4T1BG12K7TU935274	Make TOYOTA	Year 1996	Model CAMRY DX/L
	Color GRN - GREEN	Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point NON-COLLISION	Vehicle Damage		
Extent Of Damage NO DAMAGE	NO DAMAGE			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	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	Owner Name CAROLE JEAN GIBSON (608) 415-8287		Owner Address 400 LAVALLE ST REEDSBURG, WI 53959 , US
Sequence Of Events				
01	01	Event OTHER NON-COLLISION		
02	02	Event		
03	03	Event		
04	04	Event		
UNIT	Policy Holder			
	Insurance Company GENERAL-CASUALTY-INS-CO		Individual CAROLE GIBSON	
UNIT INDIVIDUAL	Individual			
	Driver CAROLE JEAN GIBSON (608) 415-8287		Citations Issued 2	Sex FEMALE
	Address 400 LAVALLE ST REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		On Duty Crash
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury		Injury Severity NO APPARENT INJURY
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source		
Distracted By Action UNKNOWN				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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 DEANNA L GIBSON (608) 495-4436			Citations Issued 0	Sex FEMALE	
		Address 400 LAVALLE ST REEDSBURG, WI 53959 , US			Date of Birth	Race WHITE	
		Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES		
		01	002	Safety 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 NON DEPLOYED		
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED				EMS Agency Identifier	EMS Run #		
Hospital		Date of Death	Time of Death				
		Distracted By				Distracted By Source	
		Distracted By Action					
		Non Motorist		Striking Unit #	Location		

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UNIT	Prior Action				
	Action				
	Action Other			To/From School	
	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	01	UTC Number AE138023	Issue To? 001	Statute Number 343.44(1)(a)
02	01	UTC Number A3138024	Issue To? 001	Statute Number 344.62(2)	Description OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE