6TL096J8XV

18-14526

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL096J8XV

Document Number Override	Primary Crash Document #	Agency Crash Number **18-14526**	Investigating Officer/Deputy **DEPUTY J. SOLCHENBERGER**
Crash Date **12/31/2018**	Crash Time **06:43 PM**	Date Arrived **12/31/2018**	Time Arrived **07:00 PM**
Date Notified **12/31/2018**	Time Notified **06:45 PM**	Total Units **01**	Total Injured **00** / Total Killed **00**

☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed	☐ Reporting Threshold

☐ Government Property	☐ Active School Zone	School Bus Related **NO**	Tags

☐ Reportable	Crash Type **DT4000 (STANDARD CRASH)**	☐ Amended	☐ Secondary Crash

Description

Diagram	Reconstruction By
	Photos By
	Additional Information **NONE**

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

VEHICLE SLIDE OFF

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **12/31/2018**
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WISCONSIN MOTOR VEHICLE CRASH REPORT

Location

ON STH33 WB **1107 FT N** **OF STH58 NB** **IN THE TOWN OF LA VALLE** **IN SAUK COUNTY**	Latitude **43.597576646**	Longitude **-90.129159047**
	X Coordinate **247426.6875**	Y Coordinate **4831936.5**
	Structure Type **NO STRUCTURE**	

Crash Scene

First Harmful Event **MOTOR VEH IN TRANSPORT**	First Harmful Event Location **ON ROADWAY**
Manner of Collision **NO COLLISION W/VEHICLE IN TRANSPORT**	Light Condition **DARK/UNLIT**
Road Surface Condition(s) **SNOW, SLUSH**	Roadway Factor(s)
Environment Factor(s) **WEATHER CONDITIONS**	**ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)**
Weather Condition(s) **SNOW**	
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

01 UNIT

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 # Recorded	Total # Citations Issued **1**	Total Trailers **0**	Total HazMat Types
Insurance? **NO**	Direction Of Travel **WESTBOUND**	☐ **Pre CrashTire Mark**	Speed Limit **55**	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 **DOWNHILL**

Truck Bus or HazMat **NO**

Vehicle

01 UNIT — 01 VEHICLE

License Plate Number **ACC5263**	Plate Type **AUT - AUTOMOBILE**	St **WI**	Country of Issuance **UNITED STATES**
Vehicle Identification Number **1FAFP53U31G145744**	Make **FORD**	Year **2001**	Model **TAURUS**
Color	Body Style **SD - SEDAN**		Bus Use **NOT A BUS**

Initial Contact Point **NON-COLLISION**	Vehicle Damage
Extent Of Damage **NO DAMAGE**	**NO DAMAGE**

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Crash Date **12/31/2018**
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WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT 01

VEHICLE 01

Towed Due To Damage **TOWED BUT NOT DUE TO DISABLING DAMAG**	Vehicle Removed By **STEVES AUTO SERVICE**
What Driver Was Doing **GOING STRAIGHT**	Vehicle Factors **NOT APPLICABLE**
Driver Prior Action Other	

Driver Actions
NO CONTRIBUTING ACTION

Owner Name **CRYSTAL JULIANNE NOBLE** **(608) 639-0122**	Owner Address **514 E HIGHLAND ST** **LA FARGE, WI 54639 , US**

Sequence Of Events

01	Event **MOTOR VEH IN TRANSPORT**
02	Event
03	Event
04	Event

Individual

UNIT 01   001

INDIVIDUAL

Driver **CRYSTAL JULIANNE NOBLE** **(608) 639-0122**	Citations Issued **1**	Sex **FEMALE**
	Date of Birth	Race **WHITE**
Address **514 E HIGHLAND ST** **LA FARGE, WI 54639 , US**	Driver License Number **STATE: WISCONSIN COUNTRY: UNITED STATES**	

Safety Equipment

On Duty Crash	Safety Equipment **SHOULDER & LAP BELT**
Seat Position **1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY**	
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 **NOT DISTRACTED**

Non Motorist

Striking Unit #	Location

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WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	**INDIVIDUAL**	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**			

01 / 001

Violations

01	UTC Number **BB954511**	Issue To? **001**	Statute Number **344.62(1)**	Description **OPERATE MOTOR VEHICLE W/O INSURANCE**

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