

6TL09CGFBJ

18-14517

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 18-14517	Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 12/31/2018		Crash Time 05:37 PM	Date Arrived 12/31/2018	Time Arrived 05:37 PM	
Date Notified 12/31/2018		Time Notified 05:37 PM	Total Units	Total Injured	Total Killed
<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		Tags	
<input type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> 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.

UNIT 1 WAS DRIVING NORTHEAST ON HWY 33 AN LOST CONTROL OF HE VEHICLE. THE VEHICLE DID NOT SUSTAIN DAMAGE AND WAS TOWED AT THE DRIVERS REQUEST SO HE DIDN'T HAVE TO DRIVE FURTHER IN THE POOR WEATHER CONDITIONS. THE ROADS WERE SNOW COVERED AT THE TIME OF THE ACCIDENT.

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Location

ON STH33 EB 267 FT S OF CTHU IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.502466848	Longitude -89.633821263
	X Coordinate 287075.125	Y Coordinate 4819985.5
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ROADSIDE	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET, SNOW, SLUSH	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
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

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 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With EMBANKMENT		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 CURVE RIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 780WHB	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2G1WA5EK8A1257632	Make CHEVROLET	Year 2010	Model IMPALA LS
		Color	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 TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By BLYSTONES TOWING	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND			
01	Owner Name JOHN D CULTON (608) 617-9310		Owner Address 2345 SCHULTZ ST APT 309 PORTAGE, WI 53901 , US	
	Sequence Of Events			
01	01	Event RUN OFF ROADWAY LEFT		
	02	Event EMBANKMENT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company WISCONSIN-COUNTY-MUTUAL-INS-CORP		Individual JOHN CULTON	
UNIT INDIVIDUAL	Individual			
	Driver JOHN D CULTON (608) 617-9310		Citations Issued 0	Sex MALE
	Address 2345 SCHULTZ ST APT 309 PORTAGE, WI 53901 , 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	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	Non Motorist		Striking Unit #	Location		
	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 CONFUSED OR DISORIENTED (NON LUCID)					