

6TL09N3P5Z

19-00179


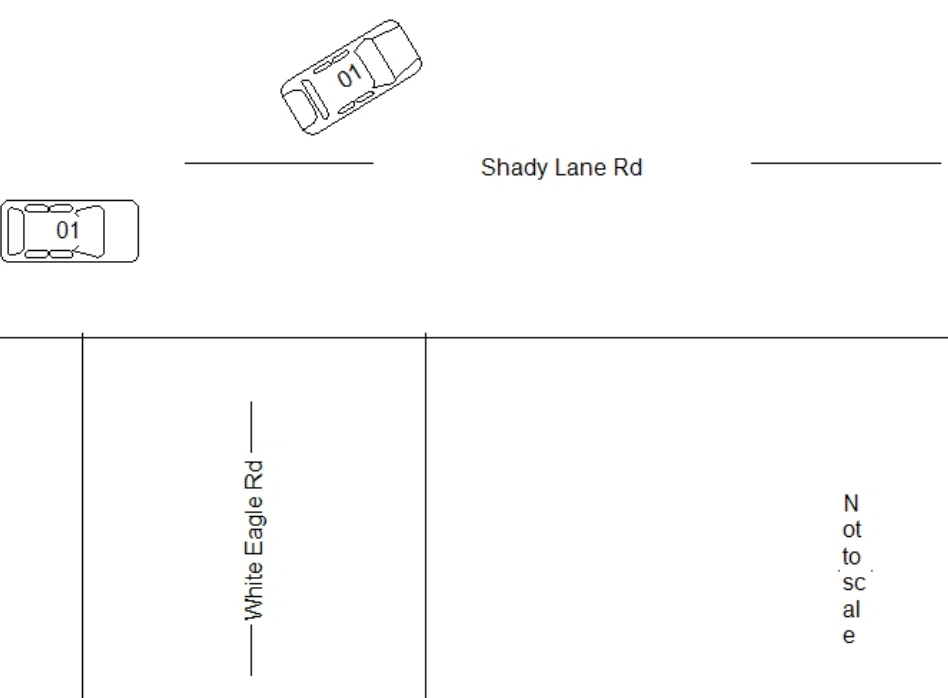
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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>19-00179</b>	Investigating Officer/Deputy <b>DEPUTY C. FRANK</b>	
Crash Date <b>01/04/2019</b>		Crash Time <b>04:10 PM</b>	Date Arrived <b>01/04/2019</b>	Time Arrived <b>05:44 PM</b>	
Date Notified <b>01/04/2019</b>		Time Notified <b>05:44 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <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 <b>9198</b>
 <p style="text-align: center;">Shady Lane Rd</p> <p style="text-align: center;">White Eagle Rd</p> <p style="text-align: right;">N o t t o s c a l e</p>		Additional Information <b>NONE, PHOTOS</b>

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

ON THE ABOVE DATE AND TIME UNIT 1 WAS EASTBOUND ON SHADY LANE RD AT WHITE EAGLE RD. UNIT 1 OPERATOR STATED SHE WAS TRAVELING APPROXIMATELY 60MPH WHEN SHE CAME UPON A SLUSHY SECTION OF THE ROADWAY. UNIT 1 OPERATOR LOST CONTROL OF THE UNIT. UNIT 1 CROSSED THE WESTBOUND LANE INTO THE DITCH. UNIT 1 CAME TO A REST ON IT'S DRIVER'S SIDE AGAINST SOME TREES. UNIT 1 WAS REMOVED BY CRAIG'S TOWING FROM BARABOO. WHEN BEING REMOVED UNIT 1 RE-ENTERED THE DITCH IN THE SNOWY DITCH. POSSIBLE FURTHER DAMAGE OCCURED.

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Location

Table with location details: ON SHADY LANE RD, 0.26 MI E OF HOCHUNK VILLAGE 2 IN THE TOWN OF DELTON IN SAUK COUNTY. Includes Latitude (43.546739893), Longitude (-89.761243166), X Coordinate (276936.90625), Y Coordinate (4825237), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (OVERTURN/ROLLOVER), Manner of Collision (NO COLLISION W/VEHICLE IN TRANSPORT), Road Surface Condition(s) (SLUSH), Environment Factor(s) (NONE), Weather Condition(s) (CLEAR), Animal Type, Crash Classification - Location (PUBLIC PROPERTY), and Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Total Occs (1), Direction Of Travel (EASTBOUND), Most Harmful Event: Collision With (TREE), Traffic Way (TWO-WAY, NOT DIVIDED), Surface Type (BLACKTOP (BITUMINOUS)), and Truck Bus or HazMat (NO).

Table with vehicle details: License Plate Number (ALF315), Vehicle Identification Number (KNAFE161X65319027), Color (SIL - SILVER (ALUMINUM)), Initial Contact Point (NON-COLLISION), and Extent Of Damage (DISABLING DAMAGE).

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>EXCEED SPEED LIMIT, SPEED TOO FAST/COND, FAILURE TO CONTROL</b>			
01	01	Owner Name <b>RUTH R OUDGHIRI (574) 440-9761</b>		Owner Address <b>17506 IRELAND RD SOUTH BEND, IN 46614 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>OVERTURN/ROLLOVER</b>		
	02	Event <b>TREE</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ERIE-INS-CO</b>		Individual <b>RUTH OUDGHIRI</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>AMIRA LUCILLE OUDGHIRI (574) 440-9761</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>17506 IRELAND RD SOUTH BEND, IN 46614 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	01 001	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>
Ejected <b>NOT EJECTED</b>		Airbag <b>NON DEPLOYED</b>		
Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		
Hospital		EMS Run #		
Date of Death		Time of Death		
<b>Distracted By</b>		Distracted By Source		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other					
	To/From School					
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	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>APPEARED NORMAL</b>					
01	<b>Violations</b>					
	UTC Number <b>AE754911</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>		