



6TL09KMLZM

19-00155

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

**Location**

ON LIME RIDGE RD/ CTHK EB 593 FT E OF THOMAS RD IN THE TOWN OF IRONTON IN SAUK COUNTY	Latitude <b>43.517070726</b>	Longitude <b>-90.09106982</b>
	X Coordinate <b>250168.515625</b>	Y Coordinate <b>4822880</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MAILBOX</b>	First Harmful Event Location <b>SHOULDER LEFT</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW</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</b>  <b>01</b>	Unit Status <b>IN TRANSIT</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>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MAILBOX</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>  <b>01</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number	Plate Type	St	Country of Issuance
		Vehicle Identification Number <b>1G1AL15F977303545</b>	Make <b>CHEVROLET</b>	Year <b>2007</b>	Model <b>COBALT</b>
	<b>VEHICLE</b>	Color <b>BLK - BLACK</b>	Body Style <b>CP - COUPE</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
Extent Of Damage <b>MINOR DAMAGE</b>		<b>12--FRONT</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>ARNESON SERVICE</b>		
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE</b>				
01	Owner Name <b>KENDAL JON DANK (608) 434-5868</b>		Owner Address <b>242A S MAIN ST HILLPOINT, WI 53937 , US</b>		
	<b>Sequence Of Events</b>				
01	01	Event <b>RUN OFF ROADWAY LEFT</b>			
	02	Event <b>MAILBOX</b>			
	03	Event <b>OTHER NON-COLLISION</b>			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>UNKNOWN</b>		Name <b>KENDAL DANK</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>KENDAL JON DANK (608) 434-5868</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>242A S MAIN ST HILLPOINT, WI 53937 , US</b>		Date of Birth	Race <b>WHITE</b>	
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	001	<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		
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distacted By</b>		Distacted By Source			
Distacted By Action <b>UNKNOWN</b>					

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CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>01</b>	<b>001</b>	<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>			