WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document # Crash Time 05:30 PM		Agency Crash Number 19-00013 Date Arrived 01/01/2019			Investigating Officer/Deputy DEPUTY C. FRANK			
2X	Crash Date 12/31/2018					Time Arrived 06:33 AM				
6TL09N3P5X	Date Notified 01/01/2019	Time Notified 06:10 AM		Total U 01	Total Units 01		Total Injured Total Killed 00			
<u>60</u>	On Emergency Hit	t and Run	Lane Closu		Work Zone	Trailer	or Towed	Reporting Threshold		
E TI	Government Property		chool Zone	School NO	Bus Related	Tags				
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amend	ed	Secondary Crash		
	Description Diagram						Reconstruction	on Bv		
			- cr pt -		N O T T O		Photos By 9198 Additional Info PHOTOS	ormation		
			9 		T T O S C A					

ON THE ABOVE DATE AND TIME UNIT 1 WAS EASTBOUND ON CR DL WEST OF HWY 78. THE WEATHER AT THE TIME WAS HEAVY SNOWFALL WITH SNOW COVERED ROADWAYS. UNIT OPERATOR STATED THEY CAME UPON A TRUCK PULLING A VEHICLE FROM THE SOUTH DITCH AS THEY CAME AROUND THE CORNER. UNIT HAD TO TAKE ACTION TO AVOID A COLLISION. UNIT 1 LOST TRACTION ON SNOW AS THEY BRAKED. UNIT 1 SLID INTO THE SOUTH DITCH. UNIT 1 STRUCK A TRAFFIC SIGN POST AND CAME TO A REST IN THE SOUTH DITCH. NO DAMAGE TO SIGN POST. UNIT 1 WAS REMOVED ON 01/01/19 BY OPERATOR. UNIT 1 GAVE IL PLATE OF 1690411 AND WI PLATE OF 644ZMC FOR UNITS ON ROADWAY PULLING UNIT FROM DITCH WHEN UNIT 1 WENT INTO DITCH.

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	Loc	ation ====									
	ON	E14458A CTHDL EB				Latitude			Longitude		
	670	670 FT W OF STH78 NB					43.418423643		-89.603252072		
	OF						ate		Y Coordinate		
	(FIR	E E14458A)	X Coordina 289254.5			4810573.5					
		UE TOWN OF MEDDI									
							Structure Type				
	IN SAUK COUNTY						FIRE				
	Cra	sh Scene									
	First	Harmful Event				First Harm	ful Event L	ocation			
		FFIC SIGN POST				ON ROADWAY					
		ner of Collision									
	-						Light Condition				
						DAYLIGHT					
	Road	d Surface Condition(s)				Roadway I	-actor(s)				
	WE.	r, snow, slush, ice	E								
	Envi	ronment Factor(s)				DA OKUE	S DUE TO	DDIOD OD	1011 DO 4D OUDE 40E		
	WE	ATHER CONDITIONS							ASH, ROAD SURFACE V, SLUSH, ETC)		
	Wea	ther Condition(s)				1	•		· •		
	CLC	OUDY, SNOW									
	Anim	al Type				Relation T	o Trafficwa	у			
	0	h Classification Long					WAY - O				
		Crash Classification - Location PUBLIC PROPERTY Tribal Land				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
						Access Control Special Study					
						NO CONTROL					
		n Interchange Area	Junction Location				on Type NINTERSECTION				
	NO NON-JUNCTION NOT AN					THE LAGRANIAN					
	Unit	t Summary 💻									
	Unit	Unit Status Vehicle Operating As Cl						Unit Type			
	IN T	RANSIT	D CLASS				AUTOMOI	BILE			
_	Vehicle Type					Operating As Endorsements					
5	PASSENGER CAR										
	Tota	Occs	Train/Bus # Recorded	Total # Cita	tions Issued		Total Trail	lers	Total HazMat Types		
	2			0 Pre CrashTire		0			0		
		ance?	Direction Of Travel					nit	Total Lanes		
_	YES		EASTBOUND						2		
į		Harmful Event: Collision		Special Fur		33		Emergency Motor Vehicle Use			
Z		FFIC SIGN POST	TTIME		NO SPECIAL FUNC		CTION		NOT APPLICABLE		
		Traffic Way			trol			Traffic Cont	rol Inoperative/Missing		
		TWO-WAY, NOT DIVIDED						'			
		ace Type	,	NO CONT				NO Dood Crode			
		* *	ie)	Road Curva					Road Grade		
		CKTOP (BITUMINOU K Bus or HazMat	13)	CURVER	ЮПІ			DOWNHIL	.L		
	NO	. 505 Or Flazivial									
	,	Vehicle									
		License Plate Number		Plate Type	Plate Type		St		Country of Issuance		
		BB15722		AUT - AL	AUT - AUTOMOBILE		IL	UNITED ST	TATES		
_		Vehicle Identification Nu	Vehicle Identification Number				Year	Model			
5	01	5 1HGCV3F55JA009700			Make HONDA		2018	UNKNOWN			
		Color	Body Style	Body Style				Bus Use			
		BLK - BLACK			4D - 4DR			NOT A BU	5		
	Щ	Initial Contact Point	Vehicle Damage		amage						
=	CL	ਹ 10LEFT SIDE FRONT			4 PIGUT EDOUT CODUED O LETT CODE DE COME			0 FET 0/DE 14/55: 5 / 5			
	10LEFT SIDE FRONT Extent Of Damage FUNCTIONAL DAMAGE							IDE REAR, 9LEFT SIDE MIDDLE, 10			
_	/E	FUNCTIONAL DAMA	LEF1 SIL	LEFT SIDE FRONT, UNDERCARRIAGE							
					<u> </u>						

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		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
				Vehicle Factors					
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
	щ	SPEED TOO FAST/CONI	D						
⊨	겅								
UNIT	VEHICL								
_	8								
	_								
		Owner Name		Owner Address					
_	_	BILKIZE PURELKU		397 ATOR AVE	.				
6	5	(815) 793-2391		LASALLE, IL 61301 , US					
	;	Sequence Of Events							
	_	Event							
	2	TRAFFIC SIGN POST							
	02	Event							
	0	DITCH							
	03	Event							
	0								
	9	Event							
	0								
_	1	Policy Holder							
UNIT		Insurance Company		Individual					
\supset		STATE-FARM-GENERAL	INS-CO	BILKIZE PURELKU					
		Individual		·					
		Driver		Citations Issued	Sex				
		ALI IMERI		0	MALE				
	₹	(815) 252-8270		Date of Birth	Race				
_	2				WHITE				
LIND	INDINIDUAL	Address		Driver License Number					
_	9	816 W HUDSON AVE PRINCETON, IL 61356 , US		STATE: ILLINOIS COUNTRY: UNITED STATES					
	=								
	Sai	On Duty Crash fety Equipment		Safety Equipment					
	Sai								
		Seat Position		SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance					
		Fire Destantian							
		Eye Protection		Tint Compliance					
				Nit an					
	_	Injury 9	Severity	I Airbag					
7	201	In the second	Severity	Airbag					
01	001	Injury _{NO AF}	PPARENT INJURY	NON DEPLOYED	Trapped/Extricated				
01	001	Injury NO AF	PPARENT INJURY Ejection Path	NON DEPLOYED	Trapped/Extricated NOT TRAPPED				
01	001	Injury _{NO AF}	PPARENT INJURY	NON DEPLOYED PLICABLE	Trapped/Extricated NOT TRAPPED EMS Run #				
01	001	Injury NO AF Ejected NOT EJECTED Medical Transport	PPARENT INJURY Ejection Path	NON DEPLOYED	NOT TRAPPED				
01	001	Injury NO AF	PPARENT INJURY Ejection Path	NON DEPLOYED PLICABLE	NOT TRAPPED				
01	001	Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	PPARENT INJURY Ejection Path	PLICABLE EMS Agency Identifier	NOT TRAPPED EMS Run #				
01	001	Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	PPARENT INJURY Ejection Path NOT EJECTED/NOT APE	PLICABLE EMS Agency Identifier Date of Death	NOT TRAPPED EMS Run #				
01	001	Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	PPARENT INJURY Ejection Path NOT EJECTED/NOT APP	PLICABLE EMS Agency Identifier Date of Death	NOT TRAPPED EMS Run #				
01	001	Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	PPARENT INJURY Ejection Path NOT EJECTED/NOT APE	PLICABLE EMS Agency Identifier Date of Death	NOT TRAPPED EMS Run #				

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								, ,	
		Non Motorist Striking	J Unit #	Location					
		Prior Action							
LIND	INDIVIDUAL	Action							
		Action Other						To/From School	
	ı	Drug & Alcohol NO	cted Alcohol Us	se	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			
10	00	Drug Type	l			ı			
ŀ		Individual Condition							
		NOT OBSERVED							
		 Individual							
		Passenger			Citations Issued		Sex		
		BURDHUL PURELKU			0		MALE		
	₹	(815) 793-2391		Date of Birth		Race			
⊨	Ĭ								
LIND	INDIVIDUAL	Address 397 ATOR AVE LASALLE, IL 61301 , US			Driver License Number				
	Sat	ty Equipment On Duty Crash		Safety Equipment					
		Seat Position 3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		SHOULDER & LAP BELT					
		Helmet Use	= (110All)		Helmet Compliance				
		Eye Protection			Tint Compliance				
2	002	Injury Severity			Airbag				
•	ŏ	Injury _{NO AF}			NON DEPLOYED				
		Ejected NOT EJECTED	NOT EJEC	n CTED/NOT APPL	LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
		Hospital			Date of Death		Time of Death		
		Distracted By Distract	ted By Source		<u> </u>		<u>ļ</u>		
		Distracted By Action							
I		Non Motorist Striking	Unit#	Location					

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		Prior Action							
İ		Action							
	ļ								
I≡	2								
LIND	INDIVIDUAL								
	Z								
		Action Other						To/From School	
	,	Suspected Alcohol Use Drug & Alcohol NO			Suspected Drug Use				
		_			111		TALL 1 T. 10 11		
		Alcohol Test Given Alcohol Test Tyl TEST NOT GIVEN		Alcohol Test Type	9		Alcohol Test Results		
-		Drug Test Given Drug Test Type		Drug Test Type		Drug Test Results			
		TEST NOT GIVEN		Drug Foot Typo		Drug Test Nesults	•		
2	002	Drug Type							
		Individual Condition							
		APPEARED NO	ORMAL						
l	Pro	perty Owne	r						
					Address				
2	Government SAUK COUNTY HWY DEPT (608) 356-3855				Address 620 STH 136 PO BOX 26				
PROP OWNER					BARABOO, WI 53913 , US				
		ed Objects St	ruck						
		Striking Unit	Struck Object				Structure Number	Damage Tag Number	
	9	01	TRAFFIC SIGN POS	T					