# 6TL09PBQ9X

19-00029

WISCONSIN MOTOR VEHICLE CRASH REPORT

Crash Date 01/01/2019	Crash Time	Date	e Arrived	Time Arrive		Investigating Officer/Deputy DEPUTY B. STODDARD		
	01:20 PM	01/	01/2019		Time Arrived 01:50 PM			
Date Notified 01/01/2019	Time Notified 01:24 PM		al Units	Total Injure <b>00</b>	d Total Kille	łd		
On Emergency	and Run 📄 Lane Closu		Work Zor		r or Towed	Reporting Threshold		
Government Property			ool Bus Related	Tags				
Reportable	Crash Type DT4000 (STANDA	RD CRASH)		Amen	ded	Secondary Crash		
Description Diagram					Reconstruction	-		
	N Dewey Ave Not to Scale		Mailb les bst	3	Photos By Additional Info NONE	rmation		

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	Loc	ation								
		N DEWEY AVE				Latitude			Longitud	le
	206 FT W					43.562288975			Ű	527529
	-	CTHH NB			X Coordinate 259848.875			Y Coord	inate	
		THE TOWN OF WINFIE SAUK COUNTY						4827555.5		
	IN SAUK COUNTI					Structure Type				
(	Cra	sh Scene								
1		t Harmful Event				First Harm	nful Event Lo	ocation		
	MA	ILBOX		ON ROADWAY						
	Man	ner of Collision			Light Condition DAYLIGHT					
	NO	COLLISION W/VEHIC								
	Roa	d Surface Condition(s)		Roadway Factor(s						
	WE	т								
	Fnvi	ironment Factor(s)								
	NO					NONE				
	-					NONE				
	Wea	ather Condition(s)								
	CLE	EAR			Relation To Trafficway TRAFFICWAY - ON Crash Classification - J			ON ROAD		
	Anin	nal Type								
	Cras	sh Classification - Location								
		BLIC PROPERTY				NO SPE	CIAL JUR	RISDICTION		
	Triba	al Land			Access Control			Special Study		Special Study
				NO CONTROL		TROL				
		nin Interchange Area		Intersection Type NOT AN INTERSECTION						
	NO		NON-JUNCTION		NOTAN	INTERSE	CTION			
		t Summary								
	Init	Unit Status Vehicle Operating As 0						1		
				-	-	lassification		Unit Type		
	IN T	TRANSIT		Vehicle Op D CLASS	-	lassification		AUTOMO		monto
01	IN T Vehi	IRANSIT icle Type		-	-	lassification				nents
01	IN T Vehi PAS	TRANSIT icle Type SSENGER CAR	Train/Bus # Recorded	D CLASS				AUTOMO Operating A	s Endorsei	
01	IN T Vehi PAS	IRANSIT icle Type	Train/Bus # Recorded	-			Total Trail	AUTOMO Operating A	s Endorsei	nents Mat Types
01	IN T Vehi PAS Tota	TRANSIT icle Type SSENGER CAR	Train/Bus # Recorded	D CLASS	tions Issuec	1	Total Trail	AUTOMO Operating A ers	s Endorsei	Mat Types
	IN T Vehi PAS Tota	IRANSIT icle Type SSENGER CAR al Occs irance?		D CLASS		1	Total Trail	AUTOMO Operating A ers	s Endorser Total Haz	Mat Types
	IN 1 Vehi PAS Tota 1 Insu YES	IRANSIT icle Type SSENGER CAR al Occs irance? S it Harmful Event: Collision 1	Direction Of Travel WESTBOUND	D CLASS	tions Issued CrashTire Mark	l 9	Total Traile <b>0</b> Speed Lim	AUTOMO Operating A ers hit Emergency	s Endorser Total Haz Total Lan <b>2</b> Motor Veh	Mat Types es icle Use
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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR						
		What Driver Was Doing							
		GOING STRAIGHT							
		Driver Prior Action Other	NOT APPLICABLE						
		Driver Actions							
	ш	FAILED TO KEEP IN DESIGNATED LANE							
E	CL								
UNIT	VEHICL								
	VE								
	-								
		Owner Name	Owner Address						
2	01	KEVIN C CAMPBELL (608) 393-3464	S2903 FAIRWAY DR REEDSBURG, WI 53959, US						
0	0	()							
		Converses Of Events							
		Sequence Of Events Event							
	01	MAILBOX							
	~	Event							
	02								
	03	Event							
	0								
	04	Event							
UNIT		Policy Holder							
5		Insurance Company WEST-BEND-MUTUAL-INS-CO	Individual KEVIN CAMPBELL						
		Individual							
		Driver	Citations Issued	Sex					
		CASEY JON CAMPBELL	0	MALE					
	IAI	(608) 393-3464	Date of Birth	Race					
E	INDIVIDUAI			WHITE					
UNIT	N	Address	Driver License Number						
-	ND	S2903 FAIRWAY DR REEDSBURG, WI 53959 ,US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		,,							
		On Duty Crash	Safety Equipment						
	Saf	fety Equipment	SHOULDER & LAP BELT						
	1	Seat Position							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
		Eye Protection							
_	~	Injury Severity	Airbag						
6	001	Injury NO APPARENT INJURY	NON DEPLOYED						
		Ejected Ejection Path		Trapped/Extricated					
		NOT EJECTED NOT EJECTED/NOT API		NOT TRAPPED					
			EMS Agency Identifier	EMS Run #					
		NOT TRANSPORTED Hospital	Date of Death	Time of Death					
		, roopital							
		Distracted By Source		L					
		Distracted By UNKNOWN							
		Distracted By Action							
		UNKNOWN							

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motori	Striking Unit #	Location				
		Prior Action						
UNIT	INDIVIDUAL	Action						
	2	Action Other	Suspected Alcohol U	Jse	Suspected Drug Use			To/From School
	L	Drug & Alcoh	O/ NO		NO			
		Alcohol Test Given		Alcohol Test Type	e		Alcohol Test Results	
		Drug Test Given TEST NOT GIVE	EN	Drug Test Type	Drug Test Resul			
6	001	Drug Type						
		Individual Conditio	n					
		APPEARED NO	RMAL					
		perty Owner						
PROP OWNER 01					Address E6907 N DEWEY AVE REEDSBURG, WI 539	<sup>⊭</sup> #B 59,US		
	Fixe	d Objects St						
	0	- J - I	Struck Object MAILBOX				Structure Number	Damage Tag Number