

6TL09KMLZR

19-00926

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 19-00926	Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 01/23/2019		Crash Time 09:20 AM	Date Arrived 01/23/2019	Time Arrived 09:33 AM	
Date Notified 01/23/2019		Time Notified 09:33 AM	Total Units 01	Total Injured 00	Total Killed 00
<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 NO		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.

DRIVER WAS N/B ON CTH HH WHEN DRIVER LOST CONTROL ON THE SLIPPERY SNOW COVERED ROADWAY, WENT INTO THE DITCH WHERE HE SPUN OUT AND HIT A FENCE. NO DAMAGE TO FENCE AND NOT REPORTABLE DAMAGE TO VEHICLE.

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Location

Table with 3 columns: Address (ON CTHHH NB 767 FT S OF NORTH AVE IN THE TOWN OF DELLONA IN SAUK COUNTY), Latitude (43.613849738), Longitude (-89.942981425), X Coordinate (262518.96875), Y Coordinate (4833194.5), Structure Type (NO STRUCTURE)

Crash Scene

Table with 4 columns: Event (FENCE), Location (SHOULDER RIGHT), Collision (NO COLLISION W/VEHICLE IN TRANSPORT), Light (DAYLIGHT), Road (SNOW), Roadway (NONE), Environment (WEATHER CONDITIONS), Weather (CLOUDY, SNOW), Animal (), Relation (TRAFFICWAY - ON ROAD), Classification (PUBLIC PROPERTY), Jurisdiction (NO SPECIAL JURISDICTION), Tribal Land (), Access (NO CONTROL), Special Study (), Interchange (NO), Junction (NON-JUNCTION), Intersection (NOT AN INTERSECTION)

Unit Summary

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Endorsements (), Occs (1), Citations (1), Trailers (0), HazMat (0), Insurance (YES), Direction (NORTHBOUND), Pre-Crash Mark (), Speed Limit (55), Lanes (2), Event (FENCE), Special Function (NO SPECIAL FUNCTION), Emergency Use (NOT APPLICABLE), Traffic Way (TWO-WAY, NOT DIVIDED), Traffic Control (NO CONTROL), Inoperative (NO), Surface (BLACKTOP), Road Curvature (STRAIGHT), Road Grade (LEVEL), Truck Bus (NO)

Table with 4 columns: License Plate (ACX3982), Plate Type (AUT - AUTOMOBILE), State (WI), Country (UNITED STATES), VIN (1G2WJ52K8VF347054), Make (PONTIAC), Year (1997), Model (GRAND PRIX), Color (GRY - GRAY), Body Style (4D - 4DR), Bus Use (NOT A BUS), Contact Point (11--LEFT FRONT CORNER), Damage (9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT), Extent (MINOR DAMAGE)

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE				
01	01	Owner Name DALE JARED SMITH (608) 588-4673		Owner Address 1709 COTTONTAIL LN #2 REEDSBURG, WI 53959 , US	
		Sequence Of Events			
UNIT INDIVIDUAL	01	01	Event RUN OFF ROADWAY RIGHT		
		02	Event FENCE		
		03	Event		
		04	Event		
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual DALE SMITH		
UNIT INDIVIDUAL	Individual				
	Driver DALE JARED SMITH (608) 588-4673		Citations Issued 1	Sex MALE	
	Address 1709 COTTONTAIL LN #2 REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE	
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	01	001	Safety Equipment		
			On Duty Crash	Safety Equipment	
			Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	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			
Distracted By Action					

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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 APPEARED NORMAL					
01	Violations					
	UTC Number AE138057	Issue To? 001	Statute Number 344.62(2)	Description OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE		