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19-01031

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 19-01031	Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 01/25/2019		Crash Time 10:35 PM	Date Arrived 01/25/2019	Time Arrived 11:10 PM	
Date Notified 01/25/2019		Time Notified 10:37 PM	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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram <p style="text-align: center;">Drawing not to scale</p>	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.

UNIT 1 WAS TRAVELING WEST BOUND ON JONES RD APPROACHING THE INTERSECT. DRIVER WAS NOT PAYING ATTENTION WHILE OPERATING HER RADIO. UNIT 1 ATTEMPTED TO STOP BUT LEFT ROADWAY STRIKING A UTILITY BOX. THE OWNER OF THE UTILITY BOX IS UNKNOWN.

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Location

ON JONES RD 126 FT E OF STH23 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.197001751	Longitude -90.07355971
	X Coordinate 250273.34375	Y Coordinate 4787279
	Structure Type	

Crash Scene

First Harmful Event OTHER FIXED OBJECT	First Harmful Event Location ROADSIDE	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY, SNOW	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - NOT ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 03	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With OTHER FIXED OBJECT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 739YDJ	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1ND52F24M640159	Make CHEVROLET	Year 2004	Model CLASSIC
		Color WHI - WHITE	Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage 11--LEFT FRONT CORNER		
Extent Of Damage 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 OTHER CONTRIBUTING ACTION			
01 01	Owner Name JACOB N MAYZURE (608) 415-7920		Owner Address 1160 ST LUKES AVE PO BOX 166 PLAIN, WI 53577 , US	
	Sequence Of Events			
01 02 03 04	Event DITCH			
	Event OTHER FIXED OBJECT			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver CASSIDY LEIGH BROWNLEE (608) 415-7920		Citations Issued 3	Sex FEMALE
	Address 1160 SAINT LUKES AVE PLAIN, WI 53577 , US		Date of Birth	Race WHITE
	On Duty Crash		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01 001	Injury		Airbag	
	Injury Severity NO APPARENT INJURY		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	
01 001	Distracted By		Distracted By Source VEHICLE-INTEGRATED DEVICE	
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)			
	Non Motorist		Striking Unit #	Location

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	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				
	Violations				
	01	UTC Number AE141990	Issue To? 001	Statute Number 343.44(1)(a)	Description OPERATING AFTER SUSPENSION
UTC Number AE141991		Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE	
UTC Number AE141992		Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING	
Property Owner					
PROP OWNER 01	Unknown			Address , ,	
	Fixed Objects Struck				
01	Striking Unit 01	Struck Object DITCH		Structure Number	Damage Tag Number N/A