

6TL09N3P66

19-00927

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 19-00927, Investigating Officer/Deputy DEPUTY C. FRANK, Crash Date 01/23/2019, Crash Time 09:20 AM, Date Arrived 01/23/2019, Time Arrived 09:40 AM, Date Notified 01/23/2019, Time Notified 09:34 AM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type DT4000 (STANDARD CRASH), Amended, Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. SLIDE OFF. NO DAMAGE. PULL OUT ONLY BY BILL'S

Location: ON USH12 EB 0.26 MI N OF RAB CTH BD (1) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY. Latitude 43.491850425, Longitude -89.780823587, X Coordinate 275151.15625, Y Coordinate 4819193, Structure Type NO STRUCTURE

Crash Scene: First Harmful Event DITCH, First Harmful Event Location ROADSIDE, Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT, Light Condition DAYLIGHT, Road Surface Condition(s) WET, SNOW, SLUSH, ICE, Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC), Environment Factor(s) NONE, Weather Condition(s) CLOUDY, SNOW, Relation To Trafficway TRAFFICWAY - ON ROAD, Crash Classification - Location PUBLIC PROPERTY, Crash Classification - Jurisdiction NO SPECIAL JURISDICTION, Access Control NO CONTROL, Special Study, Within Interchange Area NO, Junction Location NON-JUNCTION, Intersection Type NOT AN INTERSECTION

Unit Summary: 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 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel SOUTHBOUND, Pre Crash Tire Mark, Speed Limit 65, Total Lanes 4, Most Harmful Event: Collision With DITCH, Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE

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Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>
Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>
Truck Bus or HazMat <b>NO</b>			
<b>Vehicle</b>			
01 UNIT	01 VEHICLE	License Plate Number <b>148YRC</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
01 UNIT	01 VEHICLE	Vehicle Identification Number <b>1B3EL46X96N218900</b>	Make <b>DODGE</b>
		Year <b>2006</b>	Model <b>STRATUS SX</b>
01 UNIT	01 VEHICLE	Color <b>WHI - WHITE</b>	Body Style <b>4D - 4DR</b>
		Initial Contact Point <b>NON-COLLISION</b>	Bus Use <b>NOT A BUS</b>
01 UNIT	01 VEHICLE	Extent Of Damage <b>NO DAMAGE</b>	Vehicle Damage <b>NO DAMAGE</b>
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By
01 UNIT	01 VEHICLE	What Driver Was Doing <b>CHANGING LANES</b>	Vehicle Factors <b>NOT APPLICABLE</b>
		Driver Prior Action Other	
01 UNIT	01 VEHICLE	Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b>	
		Owner Name <b>ROBERT W FULLMER (608) 415-1450</b>	Owner Address <b>744 SEYMOUR ST REEDSBURG, WI 53959 , US</b>
<b>Sequence Of Events</b>			
01 UNIT	01	Event <b>DITCH</b>	
	02	Event	
	03	Event	
	04	Event	
<b>Policy Holder</b>			
01 UNIT	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>ROBERT FULLMER</b>
	<b>Individual</b>		
01 UNIT	01 INDIVIDUAL	Driver <b>ROBERT W FULLMER (608) 415-1450</b>	Citations Issued <b>0</b>
			Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
01 UNIT	01 INDIVIDUAL	Address <b>744 SEYMOUR ST REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b>	
		On Duty Crash	

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01 001	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>Distracted By</b>		Distracted By Source		
	Distracted By Action <b>NOT DISTRACTED</b>				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	<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>					