

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL0BGSFCT

Document Number Override		Primary Crash Document #		Agency Crash Number <b>19-00970</b>		Investigating Officer/Deputy <b>DEPUTY B. LUBER</b>	
Crash Date <b>01/24/2019</b>		Crash Time <b>09:20 AM</b>		Date Arrived <b>01/24/2019</b>		Time Arrived <b>09:39 AM</b>	
Date Notified <b>01/24/2019</b>		Time Notified <b>09:24 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <div style="text-align: center; color: red; font-size: 2em; margin-top: 100px;">slide off</div>	<p>Reconstruction By</p> <hr/> <p>Photos By</p> <hr/> <p>Additional Information <b>NONE</b></p>
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
UNIT 1 WAS TRAVELING ON CTH P AND WHILE APPROACHING HWY 23 FAILED TO MAINTAIN CONTROL AND SLID OFF OF THE ROADWAY. NO DAMAGE WAS OBSERVED TO THE VEHICLE. PLATTS REMOVED THE VEHICLE FROM THE SCENE AND DROPPED OFF AT WAL MART PER WISHES OF THE OPERATOR.	

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

Location

ON E10159 CTHP SB 255 FT E OF FIELDSTONE DR (FIRE E10159)  IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.58907928</b>	Longitude <b>-89.815057177</b>
	X Coordinate <b>272748.8125</b>	Y Coordinate <b>4830085</b>
	Structure Type <b>FIRE</b>	

Crash Scene

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

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>35</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>ADP8769</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1G1JC6SH1G4175872</b>	Make <b>CHEVROLET</b>	Year <b>2016</b>	Model <b>SONIC</b>
	<b>VEHICLE</b>	Color <b>BLU - BLUE</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>NON-COLLISION</b>	Vehicle Damage		
Extent Of Damage <b>NO DAMAGE</b>		<b>NO DAMAGE</b>			

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UNIT VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>PLATTS WRECKER</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>SPEED TOO FAST/COND</b>				
01	01	Owner Name <b>MIDWESTERN WHEELS INC (920) 730-7570</b>		Owner Address <b>1611 E AMELIA ST PO BOX 1935 APPLETON, WI 54911 4006, US</b>	
<b>Sequence Of Events</b>					
	01	Event <b>RUN OFF ROADWAY RIGHT</b>			
	02	Event <b>DITCH</b>			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>UNKNOWN</b>		Name		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>ISABEL EARHART WOLFE</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
	Address <b>509 CAROLINA AVE VIRGINIA BEACH, VA 23451 , US</b>		Driver License Number <b>STATE: VIRGINIA COUNTRY: UNITED STATES</b>		
UNIT 001	<b>Safety Equipment</b>		On Duty Crash		
	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>UNKNOWN</b>					

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UNIT	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other					
	To/From School					
	<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>					
01	<b>Violations</b>					
	UTC Number <b>AE139823</b>	Issue To? <b>001</b>	Statute Number <b>343.05(3)(a)</b>	Description <b>OPERATE W/O VALID LICENSE</b>		