

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL0BC3B2N

Document Number Override, Primary Crash Document #, Agency Crash Number 19-01055, Investigating Officer/Deputy DEPUTY W. VERTEIN, Crash Date 01/26/2019, Crash Time 02:25 PM, Date Arrived 01/26/2019, Time Arrived 02:41 PM, Date Notified 01/26/2019, Time Notified 02:27 PM, 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

Description

Diagram, Not to scale, STH 60, 01, 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. ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING EASTBOUND. DUE TO SPEED AND SLIPPERY ROAD CONDITIONS, THE OPERATOR LOST CONTROL OF UNIT 1. UNIT 1 CROSSED THE CENTERLINE WHERE IT ENTERED THE NORTHERNMOST DITCH LINE AND STRUCK AN EMBANKMENT COMING TO REST. NO REPORTED INJURIES.

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

Location

ON STH60 EB 0.33 MI E OF ROUND RIVER TRL IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.198034677	Longitude -89.907691979
	X Coordinate 263754.84375	Y Coordinate 4786912
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAWN	
Road Surface Condition(s) SNOW	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
Animal Type	Relation To Trafficway TRAFFICWAY - 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 NON-JUNCTION	Intersection Type NOT AN 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 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With EMBANKMENT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 751WPG	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1NXBU40E79Z062657	Make TOYOTA	Year 2009	Model COROLLA/S/
		Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT		
Extent Of Damage FUNCTIONAL DAMAGE					

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE			
01 01	Owner Name JERRICA SUE HOOD (608) 588-5809		Owner Address E5448 JONES RD SPRING GREEN, WI 53588 , US	
	Sequence Of Events			
01 01	01	Event CROSS CENTERLINE		
	02	Event RUN OFF ROADWAY LEFT		
	03	Event DITCH		
	04	Event EMBANKMENT		
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual JERRICA HOOD	
UNIT INDIVIDUAL	Individual			
	Driver JERRICA SUE HOOD (608) 588-5809		Citations Issued 0	Sex FEMALE
	Address E5448 JONES RD SPRING GREEN, WI 53588 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment 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 NOT DISTRACTED				

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UNIT	INDIVIDUAL	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					

Property Owner _____

PROP OWNER 01	Government TOWNSHIP OF TROY (608) 544-3549	Address E9699 FUCHS RD SAUK CITY, WI 53583 , US
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Fixed Objects Struck				
01	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	01	DITCH		NA
02	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	01	EMBANKMENT		NA