6TL0B655N7

19-01069

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	e Primary Crash I	Primary Crash Document #		Agency Crash Number 19-01069		Investigating Officer/Deputy DEPUTY W. NEUBAUER		
N7	Crash Date 01/26/2019	Crash Time 08:05 PM			Date Arrived 01/26/2019		Time Arrived 08:09 PM		
6TL0B655N7	Date Notified 01/26/2019	Time Notified 08:09 PM			Total Units 01		Total Kille 00	ed	
-0B	On Emergency	Hit and Run	Lane Closu	ure	Work Zone		or Towed	Reporting Threshold	
6TI	Government Property		hool Zone	School NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)		Amend	ed	Secondary Crash	
	Description								
	Diagram						Reconstructio Photos By	n By	
							Additional Info NONE	rmation	
			A						
	not to so	cale							
	✓ I, a sworn law enforter the state of t						007 001 77		
	UNIT 1 WAS TRAVELING RESULTING IN UNIT 1 LE						LOST CONTR	OL OF THE VEHICLE	

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2

UNIT

5

UNIT

WISCONSIN MOTOR VEHICLE CRASH REPORT

Loc	ation								
	USH12 WB		Latitude	Latitude		Longitud	de		
454	FT N		43.358	43.358865568		-89.768	675815		
	CTHC NB		X Coor	X Coordinate		Y Coordinate			
			275642.4375 4804390.5						
	SAUK COUNTY	Structu	re Type						
			Structure Type NO STRUCTURE						
Cra	sh Scene			· · · · · · · · · · · · · · · · · · ·					
First	Harmful Event			First Ha	First Harmful Event Location				
DIT	СН			ON RO	ON ROADWAY				
	ner of Collision			Ũ	Light Condition				
	COLLISION W/VEHIC	LE IN TRANSPORT			DARK/UNLIT				
	d Surface Condition(s)			Roadwa	ay Factor(s)				
SNO	-								
Envi	ronment Factor(s)								
WE	ATHER CONDITIONS			NONE					
Wea	ther Condition(s)								
CLO	OUDY, SNOW								
Anin	nal Type				Relation To Trafficway				
-					TRAFFICWAY - ON ROAD				
	sh Classification - Location BLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
	al Land				Access Control Special Study				
					NO CONTROL				
	in Interchange Area	Junction Location		Intersection Type	on Type				
NO NON-JUNCTION NOT AN INTERSECTION									
		NON-JUNCTION		NOT AN INTERS	SECTION				
Uni	t Summary	NON-JUNCTION				.			
Uni Unit	Status	NON-JUNCTION	-	erating As Classificat		Unit Type			
Uni Unit	Status RANSIT	NON-JUNCTION	Vehicle Ope D CLASS	erating As Classificat		AUTOMO		monto	
Uni Unit IN T Vehi	Status TRANSIT icle Type		-	erating As Classificat				ments	
Unit Unit IN T Vehi (SP	Status RANSIT		D CLASS	erating As Classificat		AUTOMO Operating A	As Endorse	ments Mat Types	
Unit Unit IN T Vehi (SP	Status RANSIT icle Type ORT) UTILITY VEHICI	E	D CLASS	erating As Classificat	ion	AUTOMO Operating A	As Endorse		
Unit IN 1 Vehi (SP Tota 1 Insu	Status RANSIT icle Type ORT) UTILITY VEHICI I Occs rance?	E Train/Bus # Recorded Direction Of Travel	D CLASS	erating As Classificat	ion Total Tra 0 Speed L	AUTOMO Operating A ailers	As Endorser Total Haz 0 Total Lan	Mat Types	
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage			hicle Removed By				
		NOT TOWED			LLS TOWING				
		What Driver Was Doing		Ve	hicle Factors				
		GOING STRAIGHT			OT APPLICABLE				
		Driver Prior Action Other		NC					
		Driver Actions							
	ш	NO CONTRIBUTING A	CTION						
F	CLE								
UNIT	ΗŬ								
	VEHICL								
	-								
		Owner Name	_		Owner Address				
2	01	KIMBERLY A REIGAR (608) 547-0368	D		N5596 16TH AVE MAUSTON, WI 53948 ,US				
•	0	(000) 041 0000							
				_					
		Sequence Of Even	ts						
	01	Event DITCH							
	02	Event							
		Event							
	03	LVoin							
	04	Event							
_		Policy Holder							
UNIT		Insurance Company			Individual				
		STATE-FARM-GENER	AL-INS-CO		KIMBERLY REIGARD				
		Individual							
		Driver EMILY ELIZABETH REIGARD		1	Citations Issued	Sex			
	Ļ				D	FEMALE			
	NDIVIDUA	(608) 548-6287			Date of Birth	Race WHITE			
	NIC	Address			Driver License Number				
	I D	N5596 16TH AVE							
	4	MAUSTON, WI 53948	, US		STATE: WISCONSIN COUNTRY: UNITED STATES				
	Saf	fety Equipment	Duty Crash	1	Safety Equipment				
		Seat Position		_	SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance					
		Eye Protection			Tint Compliance				
				Tint Compliance					
6	001	les le com a	y Severity		Airbag				
•	õ		APPARENT INJURY		NON DEPLOYED				
		Ejected Ejection Path				Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT APP Medical Transport			EMS Agency Identifier	NOT TRAPPED EMS Run #			
		Hospital			Date of Death	Time of Death			
		Distracted By NO	racted By Source T APPLICABLE (NOT DISTI	RAC	ſED)				
		Distracted By Action							
		NOT DISTRACTED							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

-	Non Motorist	Striking Unit #	Location				
	Prior Action						
INDIVIDUAL	Action						
	Action Other						To/From School
Ľ	Drug & Alcohol	Suspected Alcohol L NO	Jse	Suspected Drug Use			1
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1		Alcohol Test Results	
	Drug Test Given		Drug Test Type		Drug Test Results	<u> </u>	
001	Drug Type						
İ	Individual Condition						
		//AL					
	Ĺ	Prior Action Action Action Action Action Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Prior Action Action Action Action Action Other Drug & Alcohol NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type	Prior Action Action Action Action Other Drug & Alcohol Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given Individual Condition	Prior Action Action Action Action Other Drug & Alcohol No Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Prior Action Action Action Action Other Drug & Alcohol No Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Given Test Not GIVEN Drug Type Individual Condition	Prior Action Action Action Other Drug & Alcohol No Alcohol Test Given TEST NOT GIVEN Drug Test Given Individual Condition