

6TL0B655N7

19-01069

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 19-01069	Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 01/26/2019		Crash Time 08:05 PM	Date Arrived 01/26/2019	Time Arrived 08:09 PM	
Date Notified 01/26/2019		Time Notified 08:09 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>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 W/B ON USH 12 NEAR THE INTERSECTION OF CTH C. UNIT 1 HIT A PATCH OF ICE AND LOST CONTROL OF THE VEHICLE RESULTING IN UNIT 1 LEAVING THE ROADWAY AND ENTERING THE MEDIAN AND COMING TO REST.

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Location

ON USH12 WB 454 FT N OF CTHC NB IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.358865568	Longitude -89.768675815
	X Coordinate 275642.4375	Y Coordinate 4804390.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) CLOUDY, 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 (SPORT) UTILITY VEHICLE	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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 4
	Most Harmful Event: Collision With DITCH	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control NO CONTROL		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 710DPT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2GNFLFEKXF6238072	Make CHEVROLET	Year 2015	Model EQUINOX LT
		Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point NON-COLLISION	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	12--FRONT, UNDERCARRIAGE		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By BILLS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name KIMBERLY A REIGARD (608) 547-0368		Owner Address N5596 16TH AVE MAUSTON, WI 53948 , US	
	Sequence Of Events			
01 01	01	Event DITCH		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual KIMBERLY REIGARD	
UNIT INDIVIDUAL	Individual			
	Driver EMILY ELIZABETH REIGARD (608) 548-6287		Citations Issued 0	Sex FEMALE
	Address N5596 16TH AVE MAUSTON, WI 53948 , 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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	Non Motorist	Striking Unit #		Location				
		Prior Action						
	INDIVIDUAL	Action						
		Action Other			To/From School			
		Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO		
	01	001	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					