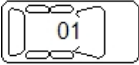


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|   |                                      |  |  |  |  |
|---|--------------------------------------|--|--|--|--|
| Document Number Override                                |                                      | Primary Crash Document #                     | Agency Crash Number<br><b>19-01097</b> | Investigating Officer/Deputy<br><b>DEPUTY W. VERTEIN</b> |  |
| Crash Date<br><b>01/27/2019</b>                         |                                      | Crash Time<br><b>10:30 AM</b>                | Date Arrived<br><b>01/27/2019</b>      | Time Arrived<br><b>11:27 AM</b>                          |  |
| Date Notified<br><b>01/27/2019</b>                      |                                      | Time Notified<br><b>11:13 AM</b>             | Total Units<br><b>01</b>               | Total Injured<br><b>00</b>                               | Total Killed<br><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 checked="" type="checkbox"/> Government Property |                                      | <input type="checkbox"/> Active School Zone  | School Bus Related<br><b>NO</b>        | Tags   |  |
| <input type="checkbox"/> Reportable                     |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                         | <input type="checkbox"/> Secondary Crash     |

**Description**

|  |                                       |
|--|---------------------------------------|
| <p>Diagram</p>  <p style="text-align: center;">Non-Reportable</p> | Reconstruction By                     |
|  | Photos By                             |
|  | Additional Information<br><b>NONE</b> |

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. AS THE OPERATOR WAS ATTEMPTING TO NEGOTIATE A CURVE, SHE LOST CONTROL OF UNIT 1 DUE TO SPEED AND SLIPPERY ROAD CONDITIONS. UNIT 1 ENTERED THE EASTERNMOST DITCH LINE WHERE IT STRUCK A SIGN POST AND CAME TO REST. NO REPORTED INJURIES.

# WISCONSIN MOTOR VEHICLE CRASH REPORT

**Location**

|  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| INTERSECTION<br>ON CTHPF EB<br>AT FREEDOM RD<br>IN THE TOWN OF FREEDOM<br>IN SAUK COUNTY | Latitude<br><b>43.444112758</b>   | Longitude<br><b>-89.866701705</b> |
|  | X Coordinate<br><b>268024.375</b> | Y Coordinate<br><b>4814127</b>    |
|  | Structure Type                    |                                   |

**Crash Scene**

|   |   |  |
|---|---|--|
| First Harmful Event<br><b>DITCH</b>                               | First Harmful Event Location<br><b>ON ROADWAY</b>                     |  |
| Manner of Collision<br><b>NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DAYLIGHT</b>                                    |  |
| Road Surface Condition(s)<br><b>ICE</b>                           | Roadway Factor(s)<br><br><b>NONE</b>                                  |  |
| Environment Factor(s)<br><b>WEATHER CONDITIONS</b>                |   |  |
| Weather Condition(s)<br><b>CLEAR</b>                              |   |  |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |  |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>         | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |  |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>                                   | Special Study                              |
| Within Interchange Area<br><b>NO</b>                              | Junction Location<br><b>INTERSECTION</b>                              | Intersection Type<br><b>T-INTERSECTION</b> |

**Unit Summary**

|             |  |   |  |  |                                |
|-------------|--|---|--|--|--------------------------------|
| <b>UNIT</b> | Unit Status<br><b>IN TRANSIT</b>                               | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b>                       |                                |
|             | Vehicle Type<br><b>PASSENGER CAR</b>                           | Operating As Endorsements                             |  |  |                                |
|             | Total Occs<br><b>2</b>   | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>               | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|             | Insurance?<br><b>YES</b>                                       | Direction Of Travel<br><b>EASTBOUND</b>               | <input type="checkbox"/> <b>Pre CrashTire Mark</b> | Speed Limit<br><b>55</b>                             | Total Lanes<br><b>2</b>        |
|             | Most Harmful Event: Collision With<br><b>TRAFFIC SIGN POST</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        |  | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|             | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                     | Traffic Control<br><b>NO CONTROL</b>                  |  | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|             | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                   | Road Curvature<br><b>CURVE LEFT</b>                   |  | Road Grade<br><b>LEVEL</b>                           |                                |
|             | Truck Bus or HazMat<br><b>NO</b>                               |   |  |  |                                |

|                                      |                  |   |                                       |                     |   |
|--------------------------------------|------------------|---|---------------------------------------|---------------------|---|
| <b>UNIT</b>                          | <b>VEHICLE</b>   | <b>Vehicle</b>  |                                       |                     |   |
|                                      |                  | License Plate Number<br><b>995ZUR</b>                     | Plate Type<br><b>AUT - AUTOMOBILE</b> | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                                      |                  | Vehicle Identification Number<br><b>4T4BF1FK8ER362634</b> | Make<br><b>TOYOTA</b>                 | Year<br><b>2014</b> | Model<br><b>CAMRY</b>                       |
|                                      |                  | Color<br><b>BLK - BLACK</b>                               | Body Style<br><b>SD - SEDAN</b>       |                     | Bus Use<br><b>NOT A BUS</b>                 |
|                                      |                  | Initial Contact Point<br><b>12--FRONT</b>                 | Vehicle Damage                        |                     |   |
| Extent Of Damage<br><b>NO DAMAGE</b> | <b>NO DAMAGE</b> |   |                                       |                     |   |

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19-01097

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|   |   |                       |   |  |
|---|---|-----------------------|---|--|
| UNIT<br>VEHICLE                               | Towed Due To Damage<br><b>NOT TOWED</b>   |                       | Vehicle Removed By<br><b>OPERATOR</b>                                     |  |
|   | What Driver Was Doing<br><b>NEGOTIATING CURVE</b>                                 |                       | Vehicle Factors   |  |
|   | Driver Prior Action Other   |                       | <b>NOT APPLICABLE</b>   |  |
|   | Driver Actions<br><b>SPEED TOO FAST/COND, FAILURE TO CONTROL, RAN OFF ROADWAY</b> |                       |   |  |
| 01<br>01                                      | Owner Name<br><b>TASHA N MC RANIELS<br/>(608) 397-5470</b>                        |                       | Owner Address<br><b>3691 W 11TH LN<br/>WISCONSIN DELLS, WI 53965 , US</b> |  |
|   | <b>Sequence Of Events</b>   |                       |   |  |
| 01<br>02<br>03<br>04                          | Event<br><b>RUN OFF ROADWAY RIGHT</b>   |                       |   |  |
|   | Event<br><b>DITCH</b>   |                       |   |  |
|   | Event<br><b>TRAFFIC SIGN POST</b>   |                       |   |  |
|   | Event   |                       |   |  |
| UNIT  | <b>Policy Holder</b>  |                       |   |  |
|   | Insurance Company<br><b>FARMERS-&amp;-MERCHANTS-INS-CO</b>                        |                       | Individual<br><b>TASHA MC RANIELS</b>                                     |  |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>   |                       |   |  |
|   | Driver<br><b>TASHA N MC RANIELS<br/>(608) 397-5470</b>                            |                       | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                     |
|   | Address<br><b>3691 W 11TH LN<br/>WISCONSIN DELLS, WI 53965 , US</b>               |                       | Date of Birth   | Race<br><b>WHITE</b>                     |
|   |   |                       | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>   |  |
| 01<br>001                                     | <b>Safety Equipment</b>   |                       | On Duty Crash   |  |
|   | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>                   |                       | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                        |  |
|   | Helmet Use  |                       | Helmet Compliance   |  |
|   | Eye Protection  |                       | Tint Compliance   |  |
|   | <b>Injury</b>   |                       | Injury Severity<br><b>NO APPARENT INJURY</b>                              | Airbag<br><b>NON DEPLOYED</b>            |
|   | Ejected<br><b>NOT EJECTED</b>   |                       | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                        | Trapped/Extricated<br><b>NOT TRAPPED</b> |
| Medical Transport<br><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<br><b>NOT DISTRACTED</b> |   |                       |   |  |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|   |                   |   |          |  |  |                      |  |
|---|-------------------|---|----------|--|--|----------------------|--|
| <b>UNIT</b>                                       | <b>INDIVIDUAL</b> | <b>Non Motorist</b>   |          | Striking Unit #                                    | Location                                 |                      |  |
|   |                   | Prior Action  |          |  |  |                      |  |
|   |                   | Action  |          |  |  |                      |  |
|   |                   | Action Other  |          |  |  | To/From School       |  |
| <b>01</b>   | <b>001</b>        | <b>Drug &amp; Alcohol</b>   |          | Suspected Alcohol Use<br><b>NO</b>                 | Suspected Drug Use<br><b>NO</b>          |                      |  |
|   |                   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                         |          | Alcohol Test Type                                  | Alcohol Test Results                     |                      |  |
|   |                   | Drug Test Given<br><b>TEST NOT GIVEN</b>                            |          | Drug Test Type                                     | Drug Test Results                        |                      |  |
|   |                   | Drug Type   |          |  |  |                      |  |
|   |                   | Individual Condition<br><b>APPEARED NORMAL</b>                      |          |  |  |                      |  |
|   |                   | <b>Individual</b>   |          |  |  |                      |  |
|   |                   | Passenger<br><b>HEATHER E MC RANIELS<br/>(608) 397-5470</b>         |          |  | Citations Issued<br><b>0</b>             | Sex<br><b>FEMALE</b> |  |
|   |                   | Address<br><b>3691 W 11TH LN<br/>WISCONSIN DELLS, WI 53965 , US</b> |          |  | Date of Birth                            | Race<br><b>WHITE</b> |  |
|   |                   | Driver License Number   |          |  | Safety Equipment                         |                      |  |
|   |                   | <b>Safety Equipment</b>   |          | On Duty Crash                                      | <b>BOOSTER SEAT</b>                      |                      |  |
| Seat Position<br><b>6--SECOND SEAT-RIGHT SIDE</b> |                   | Helmet Compliance   |          |  |  |                      |  |
| Helmet Use  |                   | Tint Compliance   |          |  |  |                      |  |
| Eye Protection                                    |                   | Airbag<br><b>NON DEPLOYED</b>                                       |          |  |  |                      |  |
| <b>01</b>   | <b>002</b>        | <b>Injury</b>   |          | Injury Severity<br><b>NO APPARENT INJURY</b>       | Airbag<br><b>NON DEPLOYED</b>            |                      |  |
|   |                   | Ejected<br><b>NOT EJECTED</b>                                       |          | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>NOT TRAPPED</b> |                      |  |
|   |                   | Medical Transport<br><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>Non Motorist</b>                               |                   | Striking Unit #   | Location |  |  |                      |  |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|      |  |                                    |                                 |
|------|--|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL                                     |                                    |                                 |
|      | Prior Action                                   |                                    |                                 |
|      | Action   |                                    |                                 |
|      | Action Other                                   |                                    | To/From School                  |
|      | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|      | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                  | Alcohol Test Results            |
|      | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                     | Drug Test Results               |
|      | Drug Type                                      |                                    |                                 |
|      | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |
|      | 01   | 002                                |                                 |

Property Owner

|            |    |  |   |
|------------|----|--|---|
| PROP OWNER | 01 | Government<br>SAUK COUNTY HWY DEPT<br>(608) 356-3855 | Address<br>620 STH 136<br>PO BOX 26<br>BARABOO, WI 53913 , US |
|            |    |  |   |

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            | TRAFFIC SIGN POST |                  | NA                |