

6TL097RB2Q

19-01214

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 19-01214	Investigating Officer/Deputy DEPUTY J. EYALIS	
Crash Date 01/30/2019		Crash Time 12:35 AM	Date Arrived 01/30/2019	Time Arrived 12:39 AM	
Date Notified 01/30/2019		Time Notified 12:39 AM	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.

SLIDE OFF

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Location

ON CTHBD NB 0.36 MI S OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.541668916	Longitude -89.777892572
	X Coordinate 275573.03125	Y Coordinate 4824718.5
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
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) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - NOT 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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With DITCH	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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 939YMW	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5XXGM4A70FG456240	Make KIA MOTORS CORPORA	Year 2015	Model OPTIMA LX
		Color BLK - BLACK	Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point NON-COLLISION	Vehicle Damage		
		Extent Of Damage NO DAMAGE	NO DAMAGE		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name TYASHA A HANSEN (608) 548-1642		Owner Address W2076 AMHERST DR LYNDON STATION, WI 53944 , US	
	Sequence Of Events			
01 01	01	Event DITCH		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company OAKWOOD-INSURANCE-CO		Individual TYASHA HANSEN	
UNIT INDIVIDUAL	Individual			
	Driver KIMBERLY A HANSEN (608) 548-1642		Citations Issued 1	Sex FEMALE
	Address W2076 AMHERST DR LYNDON STATION, WI 53944 , US		Date of Birth	Race HISPANIC
			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	
Distacted By		Distacted By Source		
Distacted By Action NOT DISTRACTED				

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UNIT	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					
01	Violations					
	UTC Number AI387866	Issue To? 001	Statute Number 343.44(1)(a)	Description OPERATING AFTER SUSPENSION		