

6TL09PBQB4  
19-01137

### 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 19-01137		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 01/28/2019		Crash Time 06:14 AM		Date Arrived 01/28/2019		Time Arrived 06:23 AM	
Date Notified 01/28/2019		Time Notified 06:14 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 type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

<b>Location</b>					
ON USH12 EB 1093 FT N OF STH33 WB IN THE TOWN OF DELTON IN SAUK COUNTY		Latitude 43.51737396	Longitude -89.7854557	Lat/LongSource TLT/LT	Access Control
		X Coordinate 274871.5625	Y Coordinate 4822040.5	On Roadway Link ID# 5319468	On Roadway Link Offset 542
		Override <input type="checkbox"/>	Tribal Land	Structure Type	

<b>Crash Scene</b>		
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	Environment Factor(s) WEATHER CONDITIONS	
Roadway Factor(s) NONE	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 EXIT RAMP	Intersection Type NOT AN INTERSECTION

**Unit Summary**

01        01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	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 BARRI		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

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01 UNIT INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address		Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>LARAVIA</b>		First Name <b>MANDY</b>		Middle Initial <b>LEIGH</b>	Suffix		
	Street Address <b>781 COUNTY ROAD A # 308</b>		Street Address 2		PO Box			
	City <b>WISCONSIN DELLS</b>		State <b>WI</b>	Zip Code <b>53965</b>	Country of Residence <b>UNITED STATES</b>			
	DOB [REDACTED]	Sex <b>F</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>HAZEL</b>	Height <b>505</b>	Weight <b>160</b>	Phone Number <b>(608) 432-9523 EXT.</b>
	Driver's License Number [REDACTED]		State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2026</b>			
	<b>Equipment</b> On Duty Accident		Safety Equipment					
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC</b>		<b>SHOULDER &amp; LAP BELT</b>					
	Helmet Use		Helmet Compliance					
	Eye Protection		Tint Compliance					
	<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>					
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
<b>Non Motorist</b> Striking Unit #		Location		To/From School				
Prior Action		Action						
Distracted By Action <b>NOT DISTRACTED</b>		Action Other						
Distracted By Source		Action Other						
<b>Drug &amp; Alcoh</b> Individual Condition <b>APPEARED NORMAL</b>								
Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>						
Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type			Alcohol Test Results			
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type			Drug Test Results			
Drug Type								
01 UNIT INDIVIDUAL	Role <b>PASSENGER</b>		Citations Issued <b>0</b>	<input checked="" type="checkbox"/> Use Driver Address		Individual Type		
	Last Name		First Name		Middle Initial	Suffix		
	Street Address		Street Address 2		PO Box			
	City		State	Zip Code	Country of Residence			

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UNIT	INDIVIDUAL	DOB	Sex	Race	Hair	Eyes	Height	Weight	Phone Number	
		Driver's License Number			State	License Jurisdiction	Country of Issuance			
UNIT	INDIVIDUAL	License Type		License Status			DL Expire Year			
		<b>Equipment</b>	On Duty Accident	Safety Equipment						
UNIT	INDIVIDUAL	Seat Position		Helmet Use						Helmet Compliance
		Eye Protection		Tint Compliance						
UNIT	INDIVIDUAL	<b>Injury</b>	Injury Severity	Airbag						
		Ejected		Ejection Path	Trapped/Extricated					
UNIT	INDIVIDUAL	Medical Transport		EMS Agency Identifier	EMS Run #					
		Hospital		Date of Death	Time of Death					
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location	To/From School					
		Prior Action		Action						
UNIT	INDIVIDUAL	Distracted By Action		Action Other						
		Distracted By Source		Action Other						
UNIT	INDIVIDUAL	<b>Drug &amp; Alcoh</b>	Individual Condition							
		Suspected Alcohol Use NO			Suspected Drug Use NO					
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type				Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test Type				Drug Test Results			
UNIT	INDIVIDUAL	Drug Type								
		License Plate Number ADR7185			Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
UNIT	INDIVIDUAL	Vehicle Identification Number 2CKDL63F766129695			Year 2006	Make PONTIAC				
		Model TORRENT		Body Style UT - SPORT UTILITY VEHICLE			Color			
UNIT	INDIVIDUAL	Initial Contact Point 12--FRONT								

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UNIT VEHICLE	01	Extent Of Damage <b>NO DAMAGE</b>		Vehicle Damage <b>NO DAMAGE</b>		
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Factors <b>NOT APPLICABLE</b>		
		Vehicle Removed By <b>OPERATOR</b>				
		What Driver Was Doing <b>CHANGING LANES</b>		Driver Prior Action Other	Bus Use <b>NOT A BUS</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		<input type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type <b>INDIVIDUAL</b>		Company Name		
		Last Name <b>VAUGHN</b>	First Name <b>DAVID</b>	Middle <b>P</b>	Suffix	Date of Birth [REDACTED]
		Street Address <b>781 COUNTY ROAD A # 308</b>		Street Address2	PO Box	
		City <b>WISCONSIN DELLS</b>	St <b>WI</b>	Zip Code <b>53965</b>	Country of Residence <b>UNITED STATES</b>	
	Telephone Number <b>(608) 432-9523 EXT.</b>					
	01	Event <b>DITCH</b>				
	02	Event				
	03	Event				
	04	Event				
UNIT HOL DER	01	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver
		Organization Type <b>INDIVIDUAL</b>	Last Name <b>VAUGHN</b>	First Name <b>DAVID</b>	Policy Holder Company	

Description

Diagram

Reconstruction By
Photos By

Additional Information

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Non-reportable	NONE
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UNIT 1 WAS EASTBOUND ON USH12. UNIT 1 WAS EXITING THE HIGHWAY. UNIT EXITED TOO LATE AND GOT STUCK IN THE SNOW. UNIT 1 REQUIRED A PULL-OUT BY A TOW SERVICE. NO VISIBLE DAMAGE OBSERVED BY THIS DEPUTY.

Signature \_\_\_\_\_

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Law Enforcement Agency \_\_\_\_\_

Agency Space				
Officer Rank DEP	Officer Last Name STODDARD	Officer First Name B	Officer Middle Name L	Suffix
DOT Officer ID 9136	DNR Officer ID		Officer Badge Number 9136	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		

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Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205
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