#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

	Document Number Override	Primary Crash Document #		Agency Crash Number 19-01208			Investigating Officer/Deputy SERGEANT J. SABOL				
3M	Crash Date <b>01/29/2019</b>	Crash Time 07:55 PM		Date Arrived <b>01/29/2019</b>			Time Arrived 08:00 PM				
BC	Date Notified <b>01/29/2019</b>	Time Notified 08:00 PM		Total Units			Tota	al Injured	Total Killed		
<b>OBDBC3M</b>	On Emergency Hi	and Run		ure	ıre Work Zon			Trailer or To			Reporting Threshold
<b>ETL</b> C	Government Property	Active Sc	hool Zone	School B	us Relate	ed	Tag	S			
9	Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)				Amended			Secondary Crash
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	DRIVER OF UNIT 1 WAS NB ON CTH BD, DRIVER STATES A UNKNOWN VEH PULLED OUT FROM SHADY LN ROAD ONTO CTH BD CAUSING HER TO GO INTO THE DITCH. NO DAMAGE TO VEHICLE AND PULLED OUT BY CRAIGS. PASSENGER OF UNIT 1 WAS PICKED UP BY PASSERBY AND THEN LEFT THE AREA. DRIVER DID NOT KNOWN THE PASSENGERS NAME. END OF REPORT										
Ì	Location										
	ON CTHBD NB 304 FT N					Latitude 43.547747149			Longitud		
	OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY					X Coordina 275581.2			Y Coordinate 4825394		
	IN SAUK COUNT					Structure Type NO STRUCTURE					
	Crash Scene										
1	First Harmful Event					First Harmful Event Location					
	DITCH					SHOULDER RIGHT					
	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE IN TRANSPORT					DARK/LIGHTED					
	Road Surface Condition(s)  SNOW						Roadway Factor(s)				
							VISIBILITY OBSCURED				
	Environment Factor(s) WEATHER CONDITIONS										
	Weather Condition(s)										
	SNOW, SEVERE WINDS										
	Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD					
	Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction  NO SPECIAL JURISDICTION								
	Tribal Land						Access Control Special Study NO CONTROL				Study
	Unit Summary										
	Unit Status Vehicle Operating As C					lassification Unit Type					
	IN TRANSIT D CLASS					AUTOMOBILE					
01	Vehicle Type PASSENGER CAR					Operating As Endorsements					
	Total Occs Train/Bus # Red		rded Total # Citations Issue 0		s Issued	Total Traile		lers	rs Total HazMat Types		es
	Insurance?	Direction Of Trave		Pre Cra			Speed Lir	nit	Total Lane	es	
UNIT	Most Harmful Event: Collision With			Mark Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way TWO-WAY, NOT DIVIDED		Traf	Traffic Control NO CONTROL				Traffic Control Inoperative/Missing NO			

Wisconsin Motor Vehicle Crash Form DT4000

Crash Date 01/29/2019 Crash Time 07:55 PM 1 of 4

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		ace Type	Road Curvature			Road Grade				
	BLA	ACKTOP (BITUMINOUS)	STRAIGHT			LEVEL				
	Truc	ruck Bus or HazMat								
	NO									
	,	Vehicle								
		License Plate Number	Plate Type		St	Country of Issuance				
		AEC8089	AUT - AUTON	IOBII F	wı	UNITED STATES				
		Vehicle Identification Number	Make	.05.22	Year	Model				
5	5	1G1AL52F857578784	CHEVROLET		2005	NO DATA FO				
		Color	Body Style		2003	Bus Use				
		BLK - BLACK	4D - 4DR			NOT A BUS				
	Ш	Initial Contact Point	Vehicle Damage	<u> </u>						
_	VEHICLE	NON-COLLISION	Vollado Barriago							
LNO		Extent Of Damage	NO DAMAGE							
$\supset$	亩	NO DAMAGE	NV PAIIMAL							
	>	Towed Due To Damage	Vahiala Damaya	d Dv						
		TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Remove CRAIGS TOW	=						
		What Driver Was Doing	Vehicle Factors	ING						
		GOING STRAIGHT	venicle Factors							
		Driver Prior Action Other	_							
		Driver Prior Action Other								
		Driver Autism								
		Driver Actions OTHER CONTRIBUTING ACTION								
_	VEHICLE	OTHER CONTRIBUTING ACTION								
	<u>≅</u>									
5	击									
	>									
			To							
		Owner Name  LAURIE A DORWIN	Owner Address 114 WEST WISCONSIN STREET							
7	5	LAORIE A DORWIN	PORTAGE, WI 53901 , US							
0	J			_, ,						
	;	Sequence Of Events								
	2	Event DITCH								
	0	Direct								
	02	Event								
	O									
	03	Event								
	0									
	40	Event								
	0									
		Individual								
		Driver	Citations Issued			Sex				
		JADE LYNNE PENLAND				FEMALE				
	₹		Date of Birth			Race				
_	INDIVIDUAL					INDIAN				
	₹	Address	Driver License Number							
$\supset$	ቯ	3271 W MAIN ST # 109								
	<b>=</b>	SUN PRAIRIE, WI 53590 , US	STATE: WI	STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash	Safety Equipment							
	Sa	fety Equipment								
		Seat Position	SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
		Helmet Use	Helmet Comp	Helmet Compliance						
		Eye Protection	Tint Compliance							
			1							

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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- 5		Injury Severity			Airbag						
5	001	Injury NO APPARENT INJURY		RY	NON DEPLOYED						
		Ejected Ejection Path					Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NOT APP		D/NOT APPL	ICABLE		NOT TRAPPED				
		Medical Transport	<u> </u>			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED									
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted By	y Source							
		_									
		Distracted By Action	1								
		NOT DISTRACTED  Striking Unit # Location									
		Non Motorist	Striking Onit	#   LOC	alion						
		Prior Action									
		Action									
	¥										
╘	NDIVIDUAL										
	₹										
	ቯ										
	=										
		Action Other						=	To/From School		
		Suspected Alcohol Use			Suspected Drug Use						
		Drug & Alcohol NO			NO						
		Alcohol Test Given			ohol Test Type	1		Alcohol Test Results			
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN		Dru	g Test Type		Drug Test Results				
5	90	Drug Type									
		Individual Condition									
		APPEARED NORM	ЛΔΙ								
		ALL FORED ROUGHE									
		Individual									
		Passenger				Citations Issued		Sex			
	_	UNKNOWN				0		FEMALE			
	¥					Date of Birth		Race			
╘	₫					INDIAN					
	INDIVIDUAL	Address			Driver License Number						
	Ż	, ,									
		On Duty Crash			Safety Equipment						
	Sat	fety Equipment	On Buty Olas	311		Safety Equipment					
		Seat Position			OTHER						
	3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER										
		Helmet Use			Helmet Compliance						
		Eye Protection				Tint Compliance					
2	002	Injury	Injury Severit	ty		Airbag					
	0	nijai y	NO APPAR	KENT INJUI	ΚY	NON DEPLOYED					

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		Ejected	Ejection Pa	th			Trapped/Extricated				
		NOT EJECTED	NOT EJE	CTED/NOT APPL	ICABLE		NOT TRAPPED				
		Medical Transport			EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT	ED								
		Hospital			Date of Death		Time of Death				
			Distracted By Source	9							
		Distracted By									
		Distracted By Action									
		Non Motorist	Striking Unit #	Location							
		Prior Action		1							
		Action									
	₹										
≒	₫										
INDIVIDUAL											
	=										
		Action Other						To/From School			
			Cupported Alcohol I	loo	Cuanacted Drug Llas						
	Drug & Alcohol 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							
		TEST NOT GIVEN									
01	005	Drug Type									
		Individual Condition									
		APPEARED NORM	//AL								