6TL09426SB

19-01367

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #	Agency Crash Number Investigating 19-01367 DEPUTY A		Officer/Deputy			
~	Crash Date	Crash Time		Date Arrived		Time Arrived		
SE	02/02/2019	07:40 PM	02/02/		07:51 PM			
26	Date Notified	Time Notified	Total U	Inits	Total Injured	Total Kille	d	
4	02/02/2019	07:42 PM	01				Demention	
-09	On Emergency	and Run	ure	Work Zone	Trailer	or Towed	Reporting Threshold	
6TL09426SB	Government Property	Active School Zone	School NO	Bus Related	Tags			
	Reportable	Crash Type DT4000 (STANDARD CRAS)			Amend	ed	Secondary Crash	
l	Description							
	Diagram					Reconstruction	ву	
						Photos By		
						Additional Info	rmation	
						NONE		
	I a sworn law enforceme	nt officer, agree that I have n	ot addo	d any C IIS data in th	uis renort			
	VEHICLE SLIDEOFF	ni onicer, ayree that i nave h		u any Coro uata in tr				

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ON	cation 🛛 🗖									
	USH12 WB		Latitude			Longitud				
	BFTN			43.548613268			-89.787	01045		
-				X Coordinate		Y Coordinate		linate		
	I THE TOWN OF DELTON I SAUK COUNTY				274862.2	25		4825514.5		
						Structure Type				
			NO STRUCTURE							
Cra	ash Scene									
-	t Harmful Event					nful Event Lo	ocation			
	ICH				ON ROADWAY					
	nner of Collision				Light Condition					
					DARK/U					
	ad Surface Condition(s)				Roadway	Factor(s)				
ICE										
Env	vironment Factor(s)									
NO	NE				NONE					
We	ather Condition(s)				-					
RA	. ,									
Anii	mal Type					o Trafficwa	-			
0	ah Olaasifiaatian I aastian					CWAY - O				
	sh Classification - Locatior BLIC PROPERTY									
_	bal Land				NO SPECIAL JURISDICTION Access Control			Special Study		
	iba zana					NO CONTROL				
Wit	Vithin Interchange Area Junction Location Intersection					on Type				
NO)	NON-JUNCTION		NOT AN	N INTERSECTION					
Uni	it Summary 🛛 💻									
	Unit Status Vehicle Operating As Cl				Classification Unit Type					
IN [·]	IN TRANSIT D CLASS			TRUCK						
-	Vehicle Type				Operating As Endorsements					
01	ILITY TRUCK/PICKUP									
	Total Occs Train/Bus # Recorded		Total # Citations Issued				ailers Total HazMat Types		Mat Types	
1		Direction Of Troval	ection Of Travel		0 Speed Lir		Limit Total Lanes		00	
	Insurance? Direction Of Travel YES NORTHBOUND		Pre CrashTire		65		4		185	
Mos	Most Harmful Event: Collision With			Special Function		05	Emergency Motor Vehicle Use		icle Use	
	DITCH			NO SPECIAL FUNCTION			NOT APPLICABLE			
Tra	ffic Way	Traffic Cont	Traffic Control			Traffic Control Inoperative/Missing		tive/Missing		
DIV	IDED HWY W/O TRAF	FIC BARRIER	NO CONTROL				NO			
	Surface Type			Road Curvature			Road Grade			
	· · · ·				STRAIGHT			LEVEL		
Tru	ck Bus or HazMat									
NO	Vehicle									_
NO						St	Country of Is	suance		
NO			Plate I vne	LTK - LIGHT TRUCK		WI	UNITED STATES			
NO	License Plate Number			HT TRUC	n I	**1				
	License Plate Number	mber		SHT TRUC	'n	Year	Model			
	License Plate Number ML9211		LTK - LIC	SHT TRUC	, n		Model RANGER			
	License Plate Number ML9211 Vehicle Identification Nu 1FTYR10C9XTA376 Color		LTK - LIC Make FORD Body Style	1	'n	Year	RANGER Bus Use			_
01	License Plate Number ML9211 Vehicle Identification Nu 1FTYR10C9XTA376 Color WHI - WHITE		LTK - LIC Make FORD Body Style PK - PIC	KUP	γ Λ	Year	RANGER			_
Е 01	License Plate Number ML9211 Vehicle Identification Nu 1FTYR10C9XTA376 Color WHI - WHITE Initial Contact Point	94	LTK - LIC Make FORD Body Style	KUP	<u>, </u>	Year	RANGER Bus Use			
01	License Plate Number ML9211 Vehicle Identification Nu 1FTYR10C9XTA376 Color WHI - WHITE	94	LTK - LIC Make FORD Body Style PK - PIC	KUP Image	<u>, </u>	Year	RANGER Bus Use			

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		Towed Due To Damage	Vehicle Removed By						
		TOWED BUT NOT DUE TO DISABLING DAMAG	BILLS TOWING						
		What Driver Was Doing	Vehicle Factors						
		GOING STRAIGHT							
		Driver Prior Action Other	NOT APPLICABLE						
		Driver Actions							
		NO CONTRIBUTING ACTION							
⊢	Ľ								
UNIT	¥								
)	VEHICLE								
	-								
		Owner Name	Owner Address						
~	-	NOAH SOL SLEEMAN	1022 SEMINOLE HWY MADISON, WI 53711 , US						
6	01	(434) 466-3080	MADISON, WI 53711, US						
		Sequence Of Events							
	01	Event DITCH							
		Event							
	02	LVein							
	~	Event							
	03								
	4	Event							
	04								
F	I	Policy Holder							
UNIT		Insurance Company	Individual						
2		AMERICAN-FAMILY-INS-CO	NOAH SLEEMAN						
	I	Individual							
		Driver	Citations Issued	Sex					
	Ļ	NOAH SOL SLEEMAN (434) 466-3080		MALE					
	٩U		Date of Birth	Race WHITE					
UNIT	NDIVIDUA	Address	Driver License Number						
5	D	1022 SEMINOLE HWY							
	Z	MADISON, WI 53711 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	0-1	On Duty Crash	Safety Equipment						
	Sat	fety Equipment							
		Seat Position	SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Halmat Osmalianaa						
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
0	5	Injury Severity	Airbag						
0	001	Injury NO APPARENT INJURY	NON DEPLOYED						
		Ejected Ejection Path		Trapped/Extricated					
		NOT EJECTED NOT EJECTED/NOT AP Medical Transport							
		NOT TRANSPORTED	EMS Agency Identifier	EMS Run #					
		Hospital	Date of Death	Time of Death					
		Distracted By Source		1					
		Distracted By							
		Distracted By Action							
		NOT DISTRACTED							

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		Non Motorist	Striking Unit #	Location				
		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol U NO	lse	Suspected Drug Use			I
ľ		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
6	001	Drug Type						
		Individual Condition						
			MAL					