

6TLOBMQKVF

19-00920

# 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 <b>19-00920</b>		Investigating Officer/Deputy <b>DEPUTY J. BODDEN</b>	
Crash Date <b>01/22/2019</b>		Crash Time <b>11:00 PM</b>		Date Arrived <b>01/23/2019</b>		Time Arrived <b>12:04 AM</b>	
Date Notified <b>01/22/2019</b>		Time Notified <b>11:41 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <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 type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							
NON-REPORTABLE SLIDE OFF							

**Location**

<b>ON CTHA 26 FT N OF BUNKER DR IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY</b>			Latitude <b>43.599539354</b>		Longitude <b>-89.761561536</b>	
			X Coordinate <b>277106.15625</b>		Y Coordinate <b>4831102</b>	
			Structure Type			

**Crash Scene**

First Harmful Event <b>EMBANKMENT</b>		First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>SNOW, ICE</b>		Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY, SNOW</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - NOT ON ROAD</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>		Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>	

**Unit Summary**

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>	Total HazMat Types	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>EMBANKMENT</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>

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Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>STOP SIGN</b>	Traffic Control Inoperative/Missing <b>NO</b>		
Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>UPHILL</b>		
Truck Bus or HazMat <b>NO</b>					
<b>Vehicle</b>					
01	01	License Plate Number <b>AUV808</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>MN</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1G2WP52K2YF114354</b>	Make <b>PONTIAC</b>	Year <b>2000</b>	Model <b>GRAND PRIX</b>
UNIT	VEHICLE	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>NON-COLLISION</b>	Vehicle Damage <b>NO DAMAGE</b>		
		Extent Of Damage <b>NO DAMAGE</b>			
		Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>	Vehicle Removed By <b>HOVLAND'S TOWING</b>		
UNIT	VEHICLE	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
		Driver Prior Action Other			
		Driver Actions <b>SPEED TOO FAST/COND, DISREGARDED STOP SIGN</b>			
01	01	Owner Name <b>MARY E THOMPSON-RADCLIFF (507) 696-9647</b>	Owner Address <b>3549 ELM LN SE ROCHESTER, MN 55904 , US</b>		
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>EMBANKMENT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>MARY THOMPSON-RADCLIFF</b>		
UNIT	<b>Individual</b>				
	INDIVIDUAL	Driver <b>CHRISTOPHER JOHN MEYERA HILLIARD (507) 884-4682</b>	Citations Issued <b>2</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
	Address <b>4485 75TH ST SE ROCHESTER, MN 55904 , US</b>	Driver License Number <b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>			
<b>Safety Equipment</b>		On Duty Crash			

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01	001	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <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 APPLICABLE</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>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
		Distracted By Action <b>NOT DISTRACTED</b>					
		<b>Non Motorist</b>		Striking Unit #	Location		
UNIT	INDIVIDUAL	Prior Action					
		Action					
		Action Other				To/From School	
		<b>Drug &amp; Alcohol</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					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Violations</b>					
		01	01	UTC Number <b>AE756506</b>	Issue To? <b>001</b>	Statute Number <b>346.57(3)</b>	Description <b>DRIVING TOO FAST FOR CONDITIONS</b>
02	01	UTC Number <b>AE756505</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(a)</b>	Description <b>OPERATING AFTER SUSPENSION</b>		