

6TL0BGSFD2
19-01492

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0BGSFD2

Document Number Override		Primary Crash Document #	Agency Crash Number 19-01492	Investigating Officer/Deputy DEPUTY B. LUBER	
Crash Date 02/06/2019		Crash Time 07:31 AM	Date Arrived 02/06/2019	Time Arrived 07:43 AM	
Date Notified 02/06/2019		Time Notified 07:35 AM	Total Units 01	Total Injured 02	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

<p>Diagram</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.

UNIT 1 WAS SOUTH ON CTH H. UNIT 1 LOST CONTROL DUE TO THE ROAD CONDITIONS, CROSSED THE CENTERLINE, RAN OFF OF THE ROADWAY, CONTINUED TO SPIN, AND STRUCK A UTILITY POLE. VEHICLE REMOVED BY PLATTS. APPEARED TO BE COSMETIC DAMAGE TO ALLIANT POLE 13-4-25 48/35.

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Location

ON CTHH SB 809 FT S OF SOUTH AVE IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.579369689	Longitude -89.956857604
	X Coordinate 261262.78125	Y Coordinate 4829404.5
	Structure Type	

Crash Scene

First Harmful Event UTILITY POLE	First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) ICE	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 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 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With UTILITY POLE	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 CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 935YXY	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1ZT64885F240136	Make CHEVROLET	Year 2005	Model NO DATA FO
		Color SIL - SILVER (ALUMINUM)	Body Style HB - HATCHBACK		Bus Use NOT A BUS
		Initial Contact Point 6--REAR	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	6--REAR		

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER		
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions SPEED TOO FAST/COND				
01	Owner Name SUMMER NICOLE NOWICKI (608) 415-3123		Owner Address 716 ELM ST WISCONSIN DELLS, WI 53965 , US		
	Sequence Of Events				
01	01	Event RUN OFF ROADWAY LEFT			
	02	Event UTILITY POLE			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual SUMMER NOWICKI		
UNIT INDIVIDUAL	Individual				
	Driver SUMMER NICOLE NOWICKI (608) 415-3123		Citations Issued 0	Sex FEMALE	
	Address 716 ELM ST WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race WHITE	
	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 SUSPECTED MINOR INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED	
Medical Transport EMS GROUND		EMS Agency Identifier 6001024	EMS Run #		
Hospital REEDSBURG AREA MED CTR		Date of Death	Time of Death		
Distracted By		Distracted By Source HANDS-FREE MOBILE PHONE			
Distracted By Action UNKNOWN					

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UNIT	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other			To/From School		
01	001	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				
		Individual				
		Passenger DOMINIC A NOWICKI (608) 415-3123		Citations Issued 0	Sex MALE	
		Address 716 ELM ST WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race WHITE	
		Driver License Number				
		01	002	Safety Equipment		On Duty Crash
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT					
Helmet Use	Helmet Compliance					
Eye Protection	Tint Compliance					
Injury				Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED		
Medical Transport EMS GROUND	EMS Agency Identifier 6001024			EMS Run #		
Hospital REEDSBURG AREA MED CTR	Date of Death	Time of Death				
Distracted By		Distracted By Source				
Distracted By Action						
Non Motorist		Striking Unit #	Location			

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UNIT	Prior Action			
	Action			
	Action Other		To/From School	
01	002	Drug & Alcohol		
		Suspected Alcohol Use	Suspected Drug Use	
		NO	NO	
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
		Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
		Drug Type		
		Individual Condition		
		APPEARED NORMAL		
UNIT	003	Individual		
		Passenger	Citations Issued	Sex
		ELIJAH J NOWICKI	0	MALE
		(608) 415-3123	Date of Birth	Race
				WHITE
		Address	Driver License Number	
		716 ELM ST		
		WISCONSIN DELLS, WI 53965 , US		
		Safety Equipment	On Duty Crash	Safety Equipment
				SHOULDER & LAP BELT
Seat Position	Helmet Use	Helmet Compliance		
6--SECOND SEAT-RIGHT SIDE				
Eye Protection	Tint Compliance			
Injury	Injury Severity	Airbag		
	NO APPARENT INJURY	NON DEPLOYED		
Ejected	Ejection Path	Trapped/Extricated		
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED		
Medical Transport	EMS Agency Identifier	EMS Run #		
NOT TRANSPORTED				
Hospital	Date of Death	Time of Death		
Distracted By	Distracted By Source			
Distracted By Action				
Non Motorist	Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action			
		Action			
01	003	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			
		Individual			
		Passenger MADELINE S NOWICKI (608) 415-3123	Citations Issued 0	Sex FEMALE	
		Address 716 ELM ST WISCONSIN DELLS, WI 53965 , US		Date of Birth Race WHITE	
		Driver License Number			
01	004	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI			
		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	
		Distracted By	Distracted By Source		
		Distracted By Action			
Non Motorist	Striking Unit #	Location			

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UNIT	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	004			

Property Owner

PROP OWNER	01	Organization/Company ALLIANT ENERGY (800) 255-4268	Address 4902 N BILTMORE MADISON, WI 53707 1077, US

Fixed Objects Struck

01	Striking Unit 01	Struck Object UTILITY POLE	Structure Number	Damage Tag Number