

6TL096J8XZ

19-01172

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 19-01172	Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER	
Crash Date 01/29/2019		Crash Time 04:19 AM	Date Arrived 01/29/2019	Time Arrived 04:38 AM	
Date Notified 01/29/2019		Time Notified 04:21 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	

Description

Diagram <p>not to scale</p> 	Reconstruction By
	Photos By
	Additional Information

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

UNIT 1 WAS TRAVELING N/B OH HWY 130 WHEN VEHICLE WENT INTO THE DITCH DUE TO THE SNOWY ROADS

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Location

Table with 3 columns: Address (ON STH130 NB, 987 FT S, OF DURST RD, IN THE TOWN OF BEAR CREEK, IN SAUK COUNTY), Latitude (43.37976999), Longitude (-90.187765367), X Coordinate (241768.734375), Y Coordinate (4807925.5), Structure Type.

Crash Scene

Table with 4 columns: 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), Roadway Factor(s) (ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)), Environment Factor(s) (NONE), Weather Condition(s) (CLEAR), 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

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type ((SPORT) UTILITY VEHICLE), Operating As Endorsements, Total Occs (1), Train/Bus # Recorded, Total # Citations Issued (0), Total Trailers (0), Total HazMat Types, Insurance? (YES), Direction Of Travel (NORTHBOUND), Pre Crash Tire Mark, Speed Limit (55), Total Lanes (2), Most Harmful Event: Collision With (DITCH), 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 (STRAIGHT), Road Grade (UPHILL), Truck Bus or HazMat (NO).

Table with 4 columns: License Plate Number (908SUT), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (2GNAXJEV5J6162927), Make (CHEVROLET), Year (2018), Model (EQUINOX), Color, Body Style (UT - SPORT UTILITY VEHICLE), Bus Use (NOT A BUS), Initial Contact Point (NON-COLLISION), Vehicle Damage (NO DAMAGE), Extent Of Damage (NO DAMAGE).

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name JENNIFER M KAST (608) 986-3204		Owner Address S7325 STATE ROAD 130 HILLPOINT, WI 53937 , US	
	Sequence Of Events			
01 01	01	Event DITCH		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual JENNIFER KAST	
UNIT INDIVIDUAL	Individual			
	Driver JENNIFER M KAST (608) 986-3204		Citations Issued 0	Sex FEMALE
	Address S7325 STATE ROAD 130 HILLPOINT, WI 53937 , 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 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 NOT DISTRACTED				

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UNIT	INDIVIDUAL	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			