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19-01598

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 19-01598	Investigating Officer/Deputy DEPUTY J. MACASKILL	
Crash Date 02/08/2019		Crash Time 08:00 PM	Date Arrived 02/08/2019	Time Arrived 09:40 PM	
Date Notified 02/08/2019		Time Notified 08:35 PM	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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	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.

ON 2/8/19 AT APPROXIMATELY 2000. UNIT 1 WAS DRIVING SB ON USH 12 WHEN UNIT 1 HIT A PATCH OF SNOW ON THE ROADWAY. UNIT 1 SLID INTO THE MEDIAN OF THE ROADWAY AND STRUCK A TRAFFIC SIGN. UNIT 1 SUSTAINED DAMAGE TO THE FRONT OF THE VEHICLE.

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Location

ON USH12 EB 437 FT S OF CTH XZ/ CTH SB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.313558808	Longitude -89.759097949
	X Coordinate 276252.1875	Y Coordinate 4799333
	Structure Type	

Crash Scene

First Harmful Event TRAFFIC SIGN POST	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) NONE	
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 1	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 TRAFFIC SIGN POST	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 907ELZ	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3FADP4EJ4EM124997	Make FORD	Year 2014	Model FIESTA SE
		Color GRY - GRAY	Body Style 4H - HATCHBACK 4 DOOR		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage		
Extent Of Damage FUNCTIONAL DAMAGE	1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions SPEED TOO FAST/COND				
01	Owner Name KEVIN H ANDERSON (608) 643-3687		Owner Address 331 7TH STREET PRAIRIE DU SAC, WI 53578 , US		
	Sequence Of Events				
01	01	Event TRAFFIC SIGN POST			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company SCHWARTZ INSURANCE		Individual KEVIN ANDERSON		
UNIT INDIVIDUAL	Individual				
	Driver KEVIN H ANDERSON (608) 643-3687		Citations Issued 0	Sex MALE	
	Address 331 7TH STREET PRAIRIE DU SAC, WI 53578 , 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 NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					

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UNIT	Non Motorist	Striking Unit #		Location		
		Prior Action				
	INDIVIDUAL	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					
	01	001	Individual Condition APPEARED NORMAL			