WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash [Document #	19-015		DEPUTY .	gating Officer/Deputy JTY J. KIRKENG			
Crash Date 02/07/2019	Crash Time 11:52 PM	Crash Time 11:52 PM		Date Arrived 02/08/2019		Time Arrived 12:11 AM			
Date Notified 02/07/2019	Time Notified 11:52 PM		Total Ur 01	nits	Total Injured	d Total Kille	ed		
On Emergency	lit and Run	Lane Clos	ure	Work Zone	Traile	r or Towed	Reporting Threshold		
Government Property	Active Sc	hool Zone	School I	Bus Related	Tags				
Reportable	Crash Type DT4000 (STA	NDARD CRASI	H)		Amen	ded	Secondary Crash		
Description Diagram	•				•				
						Photos By			
						Additional Info	ormation		
ı	Non Reportable								
						1			
	ent officer, agre	ee that I have n	ot added	any CJIS data in tl	his report.				

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

Crash Date 02/07/2019

Crash Time 11:52 PM

Lo	cation ====								
10	ON N REEDSBURG RD					Latitude		Longitude	
	279 FT E				43.540069259			-89.947653367	
	OF FRONTAGE RD				X Coordinate			Y Coordinate	
	IN THE TOWN OF EXCELSIOR IN SAUK COUNTY				261851.09375			4825013.5	
					Structure 7			•	
					NO STR	UCTURE			
Cr	ash Scene								
Fin	st Harmful Event				First Harm	ıful Event l	ocation		
DI	тсн				ROADSI				
	nner of Collision				Light Cond				
NC	COLLISION W/VEHIC	LE IN TRANSPORT			DARK/UNLIT				
Ro	ad Surface Condition(s)				Roadway	Factor(s)			
SN	IOW, ICE								
En	vironment Factor(s)				1				
NO	ONE				ROAD S	URFACE	CONDITION	I (WET, ICY, SNOW, SLUS	SH,
We	eather Condition(s)				†				
	EAR								
An	imal Type			_	Relation T		ay ON ROAD		
Cr	ash Classification - Location	1					- Jurisdiction		
	JBLIC PROPERTY	ı					RISDICTION		
	bal Land				Access Co			Special Study	
	Tilbai Lailu					NO CONTROL			
Wi	Nithin Interchange Area Junction Location Intersection				on Type				
NO NON-JUNCTION NOT AN I					INTERSECTION				
				NOT AN	INTERSE	CHON			
Un	it Summary			NOT AN	INTERSE	CTION			
	it Summary it Status		Vehicle Ope				Unit Type		
Un			Vehicle Ope				Unit Type AUTOMO	BILE	
Un IN	it Status						AUTOMO	BILE s Endorsements	
Un IN Ve	it Status TRANSIT						AUTOMO Operating A	s Endorsements	
IN Ve	it Status TRANSIT hicle Type	Train/Bus # Recorded		erating As C	lassification		AUTOMO Operating A		
Un IN Ve PA To 2	it Status TRANSIT hicle Type ASSENGER CAR tal Occs	Train/Bus # Recorded	D CLASS	erating As C	lassification	Total Tra	AUTOMO Operating A	s Endorsements Total HazMat Types 0	
Un IN Ve PA To 2 Ins	it Status TRANSIT hicle Type ASSENGER CAR tal Occs urrance?	Train/Bus # Recorded Direction Of Travel	D CLASS Total # Cita 0	erating As C	lassification	Total Tra 0 Speed Li	AUTOMO Operating A	Total HazMat Types O Total Lanes	
Un IN Ve PA To 2 Ins	it Status TRANSIT hicle Type ASSENGER CAR tal Occs surance?	Train/Bus # Recorded Direction Of Travel EASTBOUND	Total # Cita 0 Pre	erating As C tions Issued CrashTire	lassification	Total Tra	AUTOMO Operating A	Total HazMat Types O Total Lanes	
Un IN Ve PA To 2 Ins YE	it Status TRANSIT hicle Type ASSENGER CAR tal Occs surance? ES set Harmful Event: Collision	Train/Bus # Recorded Direction Of Travel EASTBOUND	Total # Cita 0 Pre Special Fun	tions Issued CrashTire Mark	lassification	Total Tra 0 Speed Li	AUTOMO Operating A illers mit Emergency	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use	
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		Towed Due To Damage	Vehicle Removed By					
		NOT TOWED	OPERATOR					
		What Driver Was Doing	Vehicle Factors					
		GOING STRAIGHT Driver Prior Action Other	NOT APPLICABLE					
		Diver Filor Action Office	NOT ALL LICABLE					
		Driver Actions	L					
	H	NO CONTRIBUTING ACTION						
UNIT	ПС							
\supset	VEHICL							
		Owner Name	Owner Address					
2	01	ANDREA CHARLOTTE INGRAHAM (608) 548-1839	135 E STATE ST # B MAUSTON, WI 53948 , US					
_			,					
		Sequence Of Events						
	01	Event						
	0	RUN OFF ROADWAY RIGHT						
	02	Event DITCH						
	03	Event						
		Event						
	04							
⊨	ļ	Policy Holder						
		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual ANDREA INGRAHAM					
		Individual	7.1.2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.					
		Driver	Citations Issued Sex					
	Ļ	ANDREA CHARLOTTE INGRAHAM	0	FEMALE				
	INDIVIDUAL	(608) 548-1839	Date of Birth	Race WHITE				
LNO	ME	Address	Driver License Number					
\supset	Ē	135 E STATE ST # B	STATE: WISCONSIN COUNTRY: UNITED STATES					
	=	MAUSTON, WI 53948 , US	STATE. WISCONSIN COUNTRY. UNITED STATES					
		On Duty Crash	Safety Equipment					
	Sat	fety Equipment	Salety Equipment					
		Seat Position	SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY						
		Helmet Use	Helmet Compliance					
		Eye Protection	Tint Compliance					
		Union Consider						
5	00	Injury Severity Injury NO APPARENT INJURY	Airbag NON DEPLOYED					
		Ejected Ejection Path	1	Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NOT API		NOT TRAPPED				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #				
		Hospital	Date of Death	Time of Death				
		·						
		Distracted By Distracted By Source UNKNOWN						
		Distracted By Action UNKNOWN						

3 of 5

Crash Date 02/07/2019

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

		_						, ,	
		Non Motorist	Striking Unit #	Location					
		Prior Action							
LINO	INDIVIDUAL	Action							
		Action Other						To/From School	
		Action Guici						Ton form Garloon	
	L	Drug & Alcohol	Suspected Alcohol NO	Use	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			
5	001	Drug Type		<u> </u>		l			
		Individual Condition							
		APPEARED NORM	//AL						
		Individual Passenger			Citations Issued		Sex		
	٩L	HAILEY ANN ERICKSON (608) 548-1201			0		FEMALE Race		
LIND	יוםוי				Date of Birth		WHITE		
5	INDIVIDUAL	Address 457 SUSZYCKI DR MAUSTON, WI 53948 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	fety Equipment	On Duty Crash		Safety Equipment				
		Seat Position 3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER			SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
7	005	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED				
		NOT EJECTED	Ejection P	ath ECTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Agency Identifier EMS Run #				
		Hospital			Date of Death		Time of Death		
		Distracted By Source							
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					

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Crash Date 02/07/2019

Crash Time 11:52 PM

		Prior Action						
ĺ		Action						
	7							
I≡	2							
LIND	INDIVIDUAL							
	Z							
		Action Other						To/From School
		Drug & Alaal	Suspected Alcohol	Use	Suspected Drug Use			
		Drug & Alcol			NO		T	
		Alcohol Test Give		Alcohol Test Type	e		Alcohol Test Results	
		Drug Test Given TEST NOT GIV	/EN	Drug Test Type		Drug Test Results	<u>I</u> 3	
	OI.	Drug Type	LIN					
9	002	Diug Type						
		Individual Condition	on					
	APPEARED NORMAL							
'	Pro	perty Owne	er 💻					
PROP 01		ernment WNSHIP OF EXC 3) 522-5115	CELSIOR		Address 100 E BROADWAY PO BOX 57 ROCK SPRINGS, WI	53961 , US		
		ed Objects S	truck					
	_	Striking Unit	Struck Object				Structure Number	Damage Tag Number
	9	01	DITCH					0000