6TL08WW13L

19-01493

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

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	Document Number Override Primary Crash Documen			Agency Crash Number 19-01493				Investigating Officer/Deputy CAPTAIN M. STODDARD			
13L	Crash Date 02/06/2019	Crash Time 07:25 AM			Date Arrived 02/08/2019			Time Arrived 02:03 PM			
6TL08WW13L	Date Notified 02/06/2019	Time Notified 07:28 AM			Total Units 01		Tota 00	Total Injured Total Killed 00 00		1	
080	On Emergency	Hit and Run	Lane Closu			rk Zone		Trailer or 1	Towed	Reporting Threshold	
6TL	Government Property Active School Zone				School Bus Related Ta			Fags			
	Crash Type DT4000 (STANDARD CRAS				ASH)					Secondary Crash	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
I	Location										
ł	ON USH14 EB					Latitude			Longitud	e	
	121 FT E					43.190952915			•	-90.172554981	
	OF PORTER RD										
	IN THE TOWN OF SPRING	GREEN				X Coordina		Y Coordinate			
	IN SAUK COUNTY					242203.984375			478690	4786907.5	
					Structure Type						
(Crash Scene										
	First Harmful Event					First Harm	First Harmful Event Location				
	OTHER NON-COLLISION					SHOULDER RIGHT					
	Manner of Collision					Light Condition					
				DAYLIG			AYLIGHT				
	Road Surface Condition(s)					Roadway I	Factor(s)				
	SNOW, SLUSH, ICE										
	Environment Factor(s)					_					
	WEATHER CONDITIONS				ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)						
	Weather Condition(s)										
	CLOUDY										
	Animal Type				Relation To Trafficway						
					TRAFFICWAY - NOT ON ROAD						
ĺ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY										
	Tribal Land					Access Control				Special Study	
				NO CONTRO		TROL)L				
Ī	Unit Summary										
	Unit Status Vehicle Operating As C				lassification Unit Type						
	IN TRANSIT D CLASS					AUTOMOBILE					
	Vehicle Type				Operating As Endorsements						
2	(SPORT) UTILITY VEHICLE							Operating		nento	
_					# Citations Issued		Total Trail	tal Trailers		Total HazMat Types	
	1		1012	Total # Citations Issued			0	613	TOtal Tiaz	inat Types	
ľ	Insurance?	Direction Of Travel			Pre CrashTire		Speed Limit 55		Total Lan	es	
E	EASTBOUND			Mark					2		
UNIT	Most Harmful Event: Collision With Special Function				Emergency Motor Vehicle Use						
ر ر	DITCH										
				raffic Control				Traffic Control Inoperative/Missing			
	TWO-WAY, NOT DIVIDED			NO CONTROL			NO		-		
	Surface Type			Road Curvature					Road Grade		
				STRAIGHT							
l											

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	Truc	Jock Bus or HazMat							
	· · · · ·	Vehicle							
		License Plate Number ABS3149	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
6	2	Vehicle Identification Number 1GNDT13W1V2126918	Make CHEVROLET	Year 1997	Model BLAZER				
		Color	Body Style	1551	Bus Use				
		BLU - BLUE	UT - SPORT UTILITY VE	HICLE	NOT A BUS				
		Initial Contact Point	Vehicle Damage						
UNIT	VEHICLE	Extent Of Damage							
	-	Towed Due To Damage	Vehicle Removed By						
		NOT TOWED							
		What Driver Was Doing	Vehicle Factors						
		GOING STRAIGHT							
		Driver Prior Action Other							
		Driver Actions							
UNIT	VEHICLE								
		Owner Name	Owner Address						
-	-								
6	0		, ,						
		Sociones Of Events							
		Sequence Of Events Event							
	6	5							
	02	Event							
	03	8 Event							
	04	Event							
		Individual							
		Driver JESSE A SPURLEY	Citations Issued		Sex MALE				
	AL		0 Date of Birth		Race				
⊢	Ы				WHITE				
UNIT	Σ	Address	Driver License Number						
	INDIVIDUAL	6168 HELENA RD ARENA, WI 53503 ,US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Crash	Safety Equipment						
		Seat Position	SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
2	001	Injury Severity NO APPARENT INJURY	Airbag						

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- 1		Ejected	Ejection Pat	th			Trapped/Extricated		
- 1		NOT EJECTED NOT EJECTED/NOT A					NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
- 1		Hospital			Date of Death		Time of Death		
		Distracted By	tracted By Source	9					
		Distracted By Action							
		Stri	iking Unit #	Location					
		Non Motorist							
		Prior Action							
- 1		Action							
	AL								
нI	NDIVIDUAL								
-	5								
	Z								
- 1	Action Other							To/From School	
		Sui	spected Alcohol U	100	Suspected Drug Use				
	L	Drug & Alcohol	specied Alcohol O		Suspected Drug Use				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given		Drug Test Type		Drug Test Results	Drug Test Results		
5	001	Drug Type							
	0								
		Individual Condition							
		APPEARED NORMAL	_						