

6TL09N3P64

19-00831

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 19-00831	Investigating Officer/Deputy DEPUTY C. FRANK	
Crash Date 01/20/2019		Crash Time 99:99	Date Arrived 01/20/2019	Time Arrived 11:20 AM	
Date Notified 01/20/2019		Time Notified 11:11 AM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 9198
	Additional Information NONE, PHOTOS

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

ON THE ABOVE DATE AND TIME I WAS NOTIFIED OF A SINGLE UNIT SLIDE OFF ON CR C NEAR S8196. I LOCATED THE UNIT IN THE WEST DITCH AGAINST A TREE. UNIT WAS UNOCCUPIED. ATTEMPTS TO LOCATE OR CONTACT HAVE BEEN UNSUCCESSFUL. UNIT REMOVED FROM THE SCENE BY BILL'S TOWING.

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Location

ON CTHC WB 0.71 MI S OF FREEDOM RD IN THE TOWN OF HONEY CREEK IN SAUK COUNTY	Latitude 43.348678304	Longitude -89.85008154
	X Coordinate 269006.8125	Y Coordinate 4803481.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event TREE	First Harmful Event Location ROADSIDE	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition UNKNOWN	
Road Surface Condition(s) SNOW, SLUSH, ICE	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS		
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

UNIT 01	Unit Status HIT AND RUN		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? UNKNOWN	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With TREE		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 LEVEL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle						
	VEHICLE 01	License Plate Number 438XAB		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2G1WX12K6X9264312		Make CHEVROLET	Year 1999	Model MONTE CARL	
		Color WHI - WHITE		Body Style CP - COUPE		Bus Use NOT A BUS	
		Initial Contact Point 1--RIGHT FRONT CORNER		Vehicle Damage			
Extent Of Damage DISABLING DAMAGE		1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 12--FRONT					

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL			
01 01	Owner Name JUSTIN M KEENE		Owner Address 5400 CR H RIDGEWAY, WI 53582 , US	
	Sequence Of Events			
01 01	01	Event TREE		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Individual			
	Driver		Citations Issued 0	Sex
			Date of Birth	Race
	Address		Driver License Number	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		RESTRAINT USE UNKNOWN	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE	
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

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol		
	Suspected Alcohol Use		Suspected Drug Use
	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 NOT OBSERVED		
	01	001	