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19-01729

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 19-01729		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 02/12/2019		Crash Time 03:39 AM		Date Arrived 02/12/2019		Time Arrived 03:50 AM	
Date Notified 02/12/2019		Time Notified 03:41 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 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.

UNIT 1 WAS TRAVELING WESTBOUND ON SNOW COVERED USH 12 NEAR SHADY LANE ROAD. UNIT 1 BEGAN TO SLIDE. UNIT 1 SLID OFF THE ROADWAY ON THE LEFT SHOULDER. UNIT 1 WAS CITED FOR OPERATING AFTER REVOKED DUE TO ALCOHOL. UNIT 1 WAS TOWED BY CRAIG'S TOWING

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Location

ON USH12 WB 342 FT N OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.547938262	Longitude -89.787008686
	X Coordinate 274859.875	Y Coordinate 4825439.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event OTHER NON-COLLISION	First Harmful Event Location SHOULDER LEFT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET, SNOW, SLUSH	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 4
	Most Harmful Event: Collision With OTHER NON-COLLISION	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 ADW8662	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JF1GD29662G514232	Make SUBARU	Year 2002	Model IMPREZA WR
		Color BLK - BLACK	Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point NON-COLLISION	Vehicle Damage		
Extent Of Damage NO DAMAGE	NO DAMAGE				

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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	01	Owner Name CAL EDWIN GREENGRASS (971) 806-1935		Owner Address E8880 WINNESHIEK DR WISCONSIN DELLS, WI 53965 , US
Sequence Of Events				
	01	Event OTHER NON-COLLISION		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company USAA-GENERAL-INDEMNITY-CO		Individual CAL GREENGRASS	
UNIT INDIVIDUAL	Individual			
	Driver CAL EDWIN GREENGRASS (971) 806-1935		Citations Issued 1	Sex MALE
	Address E8880 WINNESHIEK DR WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race INDIAN
			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
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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CRASH REPORT

UNIT	Non Motorist		Striking Unit #	Location		
	Prior Action					
	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					
	Individual Condition APPEARED NORMAL					
	Violations					
01	UTC Number AE757546	Issue To? 001	Statute Number 343.44(1)(b)	Description OPERATING WHILE REVOKED (REV DUE TO ALC/CONT SUBST/REFUSAL)		