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19-02116

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

**Location**

ON USH12 WB 1281 FT N OF N REEDSBURG RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.535935706</b>	Longitude <b>-89.786986734</b>
	X Coordinate <b>274816.9375</b>	Y Coordinate <b>4824106.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>OTHER NON-COLLISION</b>	First Harmful Event Location <b>SHOULDER LEFT</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET, SNOW, SLUSH</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>CLOUDY, SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>ENTRANCE RAMP</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT</b>  <b>01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>65</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>OTHER NON-COLLISION</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>  <b>01</b>	<b>Vehicle</b>					
	<b>01</b>	License Plate Number <b>855ZSY</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1C3CCCAGXGN148532</b>	Make <b>CHRYSLER</b>	Year <b>2016</b>	Model <b>200</b>	
	<b>VEHICLE</b>	Color <b>GRY - GRAY</b>		Body Style <b>SD - SEDAN</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>NON-COLLISION</b>		Vehicle Damage		
Extent Of Damage <b>NO DAMAGE</b>		<b>NO DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>INTERSTATE BP</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b>			
01	01	Owner Name <b>AMANDA B CADY (608) 381-0185</b>		Owner Address <b>431 E CARROLL ST PORTAGE, WI 53901 , US</b>
<b>Sequence Of Events</b>				
01	01	Event <b>OTHER NON-COLLISION</b>		
02	02	Event		
03	03	Event		
04	04	Event		
<b>Policy Holder</b>				
UNIT	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>AMANDA CADY</b>	
<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>AMANDA B CADY (608) 381-0185</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>431 E CARROLL ST PORTAGE, WI 53901 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	On Duty Crash		Safety Equipment	
01	001	<b>Safety Equipment</b>		<b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Helmet Compliance
		Helmet Use		Tint Compliance
		Eye Protection		Airbag <b>NON DEPLOYED</b>
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source		
Distracted By Action <b>UNKNOWN</b>				

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other					
					To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					