

6TL0BRFP3D

19-02014

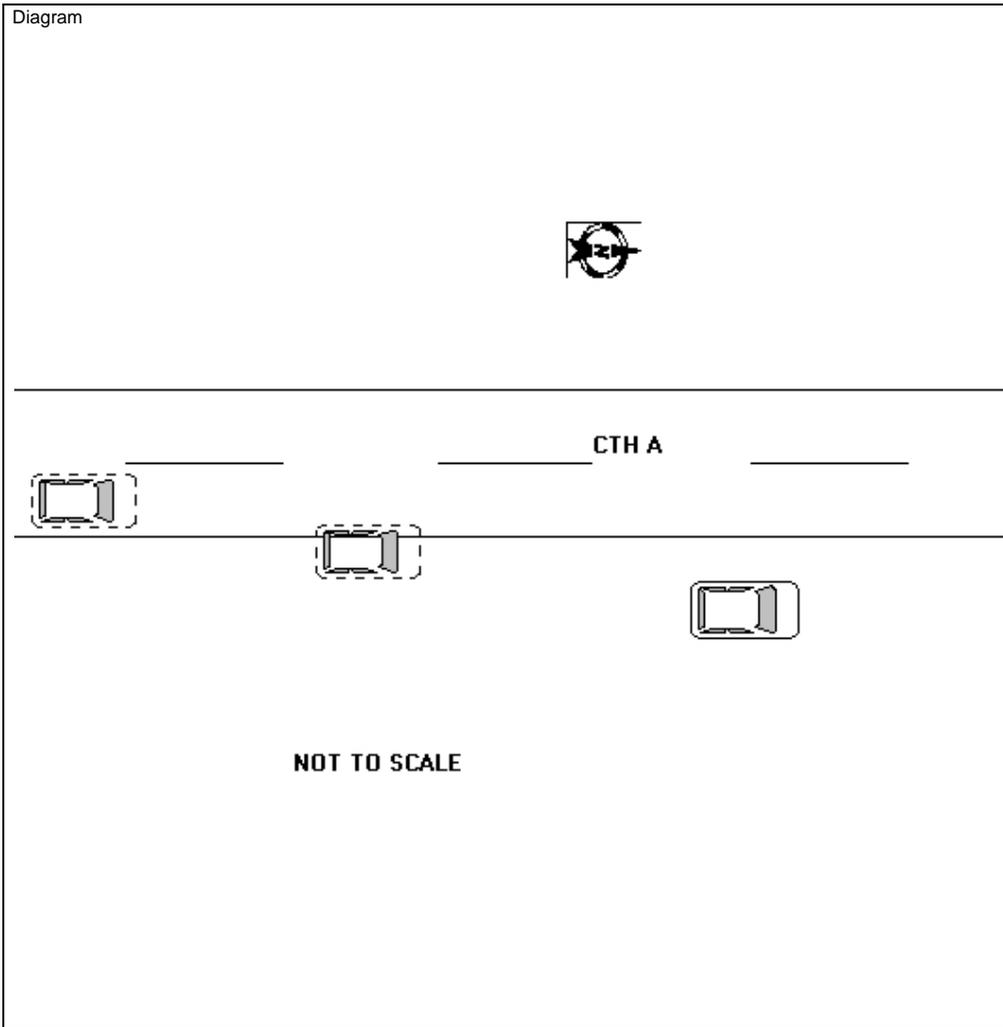
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 19-02014	Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 02/18/2019		Crash Time 04:00 AM	Date Arrived 02/18/2019	Time Arrived 05:42 AM	
Date Notified 02/18/2019		Time Notified 04:53 AM	Total Units 01	Total Injured	Total Killed
<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 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 NORTHBOUND ON CTH A. THE ROAD WAS SNOW COVERED. UNIT 1 TRAVELED OFF THE ROAD SIDE OF THE ROAD. UNIT 1 GOT STUCK IN THE DEEP SNOW. THERE DID NOT APPEAR TO BE ANY DAMAGE. NO ONE WAS ON LOCATION WITH THE CAR.

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Location

ON CTHA NB 0.30 MI S OF CTHU SB IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.527889617	Longitude -89.738875886
	X Coordinate 278674.90625	Y Coordinate 4823083.5
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
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 # Injured	Total # Citations Issued	Total Trailers 0	Total HazMat Types
	Insurance? UNKNOWN	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With DITCH	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	VEHICLE	Vehicle			
		License Plate Number 602YHZ	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1C3CDFBA0DD154950	Make DODGE	Year 2013	Model DART SXT
		Color BLU - BLUE	Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage 12--FRONT		
	Extent Of Damage 999				

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors					
	Driver Prior Action Other		NOT APPLICABLE					
	Driver Actions SPEED TOO FAST/COND							
01	01	Driver Distractions UNKNOWN IF DISTRACTED						
		Owner Name HEATHER L WILCOX		Owner Address 413 CTH A WISCONSIN DELLS, WI 53965 , US				
Sequence Of Events								
UNIT	INDIVIDUAL	01	01	Event DITCH				
				Event				
				Event				
				Event				
Individual								
UNIT	INDIVIDUAL	01	001	Unknown	Citations Issued	Sex		
					Date of Birth	Race		
				Address	Driver License Number			
				Equipment	On Duty Crash	Safety Equipment		
				Seat Position				
				Helmet Use		Helmet Compliance		
				Eye Protection		Tint Compliance		
				Injury	Injury Severity	Airbag		
				Ejected		Ejection Path	Trapped/Extricated	
				Medical Transport		EMS Agency Identifier	EMS Run #	

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UNIT	Hospital		Date of Death		Time of Death			
	INDIVIDUAL	Non Motorist	Striking Unit #	Prior Action	Location		To/From School	
		Action						
	Action Other							
	01	001	Drug & Alcohol	Suspected Alcohol Use		Suspected Drug Use NO		
			Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
			Drug Test Given		Drug Test Type		Drug Test Results	
			Drug Type					
			Individual Condition					