

6TL0BNZLZ4
19-02239

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 19-02239 | | Investigating Officer/Deputy DEPUTY A. BREUNIG | |
| Crash Date 02/23/2019 | | Crash Time 07:30 AM | | Date Arrived 02/23/2019 | | Time Arrived 10:54 AM | |
| Date Notified 02/23/2019 | | Time Notified 10:54 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 checked="" 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

| | |
|--|---|
| <p>Diagram</p> <p>WESTBOUND USH 12</p> <p>01</p> <p>01</p> <p>01</p> <p>NOT TO SCALE</p> | Reconstruction By |
| | Photos By H LARKIN |
| | Additional Information PHOTOS |

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

UNIT 1 WAS TRAVELING WESTBOUND ON USH 12. THE ROAD SURFACE WAS SLUSH COVERED. IT WAS RAINING AND SLEETING OUT. UNIT 1 WAS TRAVELING DOWN A HILL. UNIT 1 LOST CONTROL. UNIT 1 TRAVELED ONTO THE RIGHT SHOULDER AND STRUCK THE GUARDRAIL FACE. UNIT 1 TRAVELED BACK ONTO THE ROAD AND CONTINUED TRAVELING WESTBOUND. THE OPERATOR ADVISED THAT SHE HAD BEEN TRAVELING APPROXIMATELY 45 MPH.

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Location

| | | |
|--|----------------|--------------|
| ON USH12 WB 5.00 MI N OF LEHMAN RD IN THE TOWN OF BARABOO IN SAUK COUNTY | Latitude | Longitude |
| | X Coordinate | Y Coordinate |
| | Structure Type | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event GUARDRAIL FACE | First Harmful Event Location ON ROADWAY | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAYLIGHT | |
| Road Surface Condition(s) SLUSH | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) SLEET/HAIL | | |
| 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 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 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 65 | Total Lanes 4 | |
| | Most Harmful Event: Collision With GUARDRAIL FACE | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way DIVIDED HWY W/TRAFFIC BARRIER | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | | Road Curvature STRAIGHT | | Road Grade DOWNHILL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | |
|---|--|---|---------------------------------------|---------------------|---|
| UNIT 01 | Vehicle | | | | |
| | 01 | License Plate Number 733WSU | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1G11H5SL9EF285439 | Make CHEVROLET | Year 2014 | Model MALIBU LTZ |
| | | Color SIL - SILVER (ALUMINUM) | Body Style 4D - 4DR | | Bus Use NOT A BUS |
| | Initial Contact Point 12--FRONT | Vehicle Damage | | | |
| Extent Of Damage DISABLING DAMAGE | 1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT | | | | |

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| | | | | | |
|---|---|--|--|--|--------|
| UNIT VEHICLE | 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 | Owner Name BETH MCNULTY (608) 643-2765 | | Owner Address 309 7TH ST PRAIRIE DU SAC, WI 53578 , US | |
| Sequence Of Events | | | | | |
| | 01 | Event GUARDRAIL FACE | | | |
| | 02 | Event | | | |
| | 03 | Event | | | |
| | 04 | Event | | | |
| UNIT | Policy Holder | | | | |
| | Insurance Company AMERICAN-FAMILY-INS-CO | | Individual BETH MC NULTY | | |
| UNIT INDIVIDUAL | Individual | | | | |
| | Driver CASSANDRA MCNULTY (608) 333-3272 | | Citations Issued 0 | Sex FEMALE | |
| | Address 309 7TH ST PRAIRIE DU SAC, WI 53578 , US | | Date of Birth | Race WHITE | |
| | Driver License Number | | STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| UNIT INDIVIDUAL | 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 | | |
| | 01 | 001 | Injury | | Airbag |
| | | | Injury Severity NO APPARENT INJURY | NON DEPLOYED | |
| 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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|-------------------|-----------------------|---|--|-------------------|---|---------------------------------|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | Action | | | | | |
| | Action Other | | | | To/From School | |
| | 01 | 001 | 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 | | | |
| | Property Owner | | | | | |
| PROP OWNER | 01 | Government WISCONSIN DEPT OF TRANSPORTATION (608) 246-3800 | | | Address 2101 WRIGHT ST MADISON, WI 53705 2583, US | |
| | | Fixed Objects Struck | | | | |
| 01 | 01 | Striking Unit | Struck Object | Structure Number | Damage Tag Number | |
| | | 01 | GUARDRAIL FACE | | 322895 | |