6TL08S5WV2

19-02259

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document # | Agency 19-022 | Crash Number 259 | | g Officer/Deputy NT S. SCHRAM | | |
|----------|--|-------------------------------|----------------------------|---------------------|-------------------------------|----------------------------------|---------------------|--|
| 7 / | Crash Date 02/23/2019 | Crash Time 11:06 PM | Date Ar 02/23/ 2 | | Time Arrived 11:11 PM | | | |
| _ | Date Notified 02/23/2019 | Time Notified 11:06 PM | Total U | nits | Total Injured Total Killed 00 | | ed | |
| | On Emergency Hit | and Run Lane | Closure | ☐ Work Zone | Trailer or Towed | | Reporting Threshold | |
| | Government Property | Active School Zone | School NO | Bus Related | Tags | | | |
| | ✓ Reportable | Crash Type DT4000 (STANDARD C | CRASH) | | Amend | led | Secondary Crash | |
| | Diagram | | | | | Reconstruction | Du | |
| | | | | | | Photos By Additional Info | ormation | |
| | Uni | | US | S HWY 12 | _ | | | |
| | | | | | | | | |
| | No | ot to Scale | | | _ | | | |
| | I, a sworn law enforcement | | | | | | | |
| | UNIT 1 WAS SB ON HWY 12 S OF BECAME STUCK IN SNOW. UNIT | | | | | | | |

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Crash Date 02/23/2019

Crash Time 11:06 PM

| L | _oc | ation === | | | | | | | | |
|---|--|--|---------------------------------------|----------------------------|--|--|-------------------------------------|------------------------------|-----------|------------------|
| ſ | ON | USH12 EB | | | Latitude 43.554605649 X Coordinate | | | | Longitud | de |
| | | MIN | | | | | | | -89.785 | 354365 |
| | _ | SHADY LANE RD HE TOWN OF DELTO | ON. | | | | ate | Y Coordinate | | inate |
| | | AUK COUNTY | JN | | | 275018.3 | 34375 | | 4826175.5 | |
| | • | | | | Structure | Туре | | | | |
| L | | | | | | | | | | |
| (| Cra | sh Scene 💻 | | | | | | | | |
| Ī | First | Harmful Event | | First Harm | nful Event Lo | cation | | | | |
| | DIT | | | ROADSI | DE | | | | | |
| - | Manı | ner of Collision | Light Condition | | | | | | | |
| | NO | COLLISION W/VEHIO | CLE IN TRANSPORT | | | DARK/UNLIT | | | | |
| | Road | d Surface Condition(s) | | | | Roadway | Factor(s) | | | |
| | SLU | ISH, ICE | | | | | | | | |
| - | Envir | ronment Factor(s) | | | | | | | | |
| | WE | ATHER CONDITIONS | 3 | | | ROAD S ETC) | URFACE (| CONDITION | (WET, IC | CY, SNOW, SLUSH, |
| ŀ | Wea | ther Condition(s) | | | | ′ | | | | |
| | RAII | N, SNOW, SLEET/HA | .IL | | | | | | | |
| - | Anim | nal Type | | | | Relation T | o Trafficway | , | | |
| | | | | | | | | OT ON ROA | D | |
| ſ | | h Classification - Location | n | | | | ssification - | | | |
| | | BLIC PROPERTY | | | | NO SPECIAL JURISDICTION Access Control NO CONTROL Special Study | | | | |
| | Triba | al Land | | | | | | | | |
| ŀ | Withi | in Interchange Area | | Intersection Type | | | | | I. | |
| | NO | | NON-JUNCTION | | NOT AN INTERSECTION | | | | | |
| į | Jnit | t Summary = | | | | | | | | |
| T | | Status | | Vehicle Ope | erating As C | Classification Unit Type | | | | |
| | IN T | RANSIT | | D CLASS | D CLASS | | | AUTOMOI | BILE | |
| . | Vehi | cle Type | ' | | | | Operating As Endorsements | | | |
| ; | PAS | SENGER CAR | | | | | | | | |
| Ī | Total | Occs | Train/Bus # Recorded Total # Citation | | tions Issued | ions Issued Total Trai | | | | Mat Types |
| | 02 | | 00 | | | 0 | | 0 | | |
| Ī | | ance? | Direction Of Travel | Pre CrashTire | | e Speed Lir | | nit | Total Lan | es |
| | YES | | SOUTHBOUND | | ☐ Mark | | | 04 | | |
| - | | Harmful Event: Collision | With | Special Fur | | TION | | Emergency NOT APPI | | |
| ļ | DIT | CH ic Way | | NO SPECIAL FUNCTION | | | Traffic Control Inoperative/Missing | | | |
| | | DED HWY W/O TRA | | Traffic Control NO CONTROL | | | NO | | | |
| - | | ace Type | FFIC BARRIER | Road Curva | | | | Road Grade | | |
| | | CKTOP (BITUMINOL | IS) | STRAIGH | | | | LEVEL | | |
| ŀ | | k Bus or HazMat | | 10111111011 | · • | | | | | |
| | NO | | | | | | | | | |
| | , | Vehicle | | | | | | | | |
| | | License Plate Number | Plate Type | | _ | St | Country of Issuance UNITED STATES | | | |
| ı | | AAM2370 | | Make Y TOYOTA 2 | | WI | | | | |
| ı | 01 | Vehicle Identification Nu 2T1BU4EE3AC4295 | | | | Year | Model | | | |
| | 0 | | | | | | | COROLLA/S/ Bus Use NOT A BUS | | |
| | | Color BLK - BLACK | 4D - 4DR | Body Style | | | | | | |
| | ш | Initial Contact Point | | Vehicle Da | | | | | | |
| ا | | 12FRONT | | | | | | | | |
| | Ĭ | Extent Of Damage | | 1RIGHT | FRONT (| ORNER. | 11LEFT | FRONT CO | RNER. 12 | 2FRONT |
| | 12FRONT Extent Of Damage FUNCTIONAL DAMAGE | | | | | | | | | |
| | \ | | | L | | | | | | |

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| | | Towed Due To Damage NOT TOWED | Vehicle Removed By PLATTS WRECKER | | | | | | | |
|------|------------|--|---|--------------------|--|--|--|--|--|--|
| | | What Driver Was Doing | Vehicle Factors | | | | | | | |
| | | GOING STRAIGHT | | | | | | | | |
| | | Driver Prior Action Other | NOT APPLICABLE | | | | | | | |
| | | Driver Actions SPEED TOO FAST/COND | | | | | | | | |
| ⊨ | CLE | of EED 100 1 ACTIONIS | | | | | | | | |
| UNIT | VEHICL | | | | | | | | | |
| | VE | | | | | | | | | |
| | | Owner Name | Owner Address | | | | | | | |
| 5 | 01 | MARA BLESSINGER | 614 2ND STREET BARABOO, WI 53913, US | | | | | | | |
| | | | | | | | | | | |
| | | Sequence Of Events | | | | | | | | |
| | 01 | Event DITCH | | | | | | | | |
| | 02 | Event | | | | | | | | |
| | 03 | Event | | | | | | | | |
| | | Event | | | | | | | | |
| | 04 | | | | | | | | | |
| UNIT | | Policy Holder | | | | | | | | |
| 5 | | Insurance Company PROGRESSIVE-CASUALTY-INS-CO | Individual MARA BLESSINGER | | | | | | | |
| | i | Individual | | | | | | | | |
| | | Driver CHRISTIAN BIBLE | Citations Issued | Sex | | | | | | |
| | AL | (715) 299-7898 | Date of Birth | MALE Race | | | | | | |
| ╘ | INDIVIDUAL | | | WHITE | | | | | | |
| LNO | DIV | Address 1115 SILVER DR APT 203 | Driver License Number | | | | | | | |
| | Z | BARABOO, WI 53913 , US | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | | | | | | | | | | |
| | Sat | On Duty Crash ety Equipment | Safety Equipment | | | | | | | |
| | | Seat Position | SHOULDER & LAP BELT | | | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use | Helmet Compliance | | | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | Tint Compliance | | | | | | | |
| 0 | 001 | Injury Severity Injury NO APPARENT INJURY | Airbag NON DEPLOYED | | | | | | | |
| | | Ejected Ejection Path | NON DEL EGTED | Trapped/Extricated | | | | | | |
| | | NOT EJECTED/NOT APP | | NOT TRAPPED | | | | | | |
| | | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run # | | | | | | |
| | | Hospital | Date of Death | Time of Death | | | | | | |
| | | 10:1.1.2.6 | | | | | | | | |
| | | Distracted By Source NOT APPLICABLE (NOT DISTRA | ACTED) | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | |

Crash Date **02/23/2019**Crash Time **11:06 PM**

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| | | Non Motorist | Striking Unit | # | Location | | | | | | |
|----------------------|------------|---|----------------------|---|---|---------------------------------|-------------------|------------------------|----------------|--|--|
| | | Prior Action | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action | | | | | | | | | |
| | 무 | | | | | | | | | | |
| ⊨ | 2 | | | | | | | | | | |
| LNO | INDIVIDUAL | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | | To/From School | | |
| | | Suspected Alcohol Use | | | Suspected Drug Use | | | | | | |
| | ı | Drug & Alcohol NO | | | NO | | | | | | |
| | | Alcohol Test Given | | | Alcohol Test Type | | | Alcohol Test Results | | | |
| | | Drug Test Given | TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | | | |
| | | TEST NOT GIVEN | | | 9, | | Drug Tool Rooulo | ' | | | |
| 5 | 001 | Drug Type | | | | | | | | | |
| | | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| | ı | Individual | | | | | | | | | |
| | | Passenger MARA BLESSINGER | | | | Citations Issued Sex 00 FEMALE | | | | | |
| | ¥ | | | | Date of Birth | | Race | | | | |
| L NO | 1 | | | | | Driver License Number | | WHITE | | | |
| 5 | INDIVIDUAL | Address 614 2ND ST BARABOO, WI 53913 , US | | | | | | | | | |
| | = | | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | On Duty Crash | | | Safety Equipment | | | | | | |
| | Sat | ety Equipment Seat Position | | | | | | | | | |
| | | 3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER | | | SHOULDER & LAP I | BELI | | | | | |
| | | Helmet Use | | | Helmet Compliance | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | |
| | | | | | | | | | | | |
| 5 | 002 | Injury | Injury Severit | - | IJURY | Airbag NON DEPLOYED | | | | | |
| | | Ejected | Ejection Path | | h | | | Trapped/Extricated | | | |
| | | NOT EJECTED Medical Transport | NOT EJECTED/NOT APPL | | CTED/NOT APPL | LICABLE EMS Agency Identifier | | NOT TRAPPED EMS Run # | | | |
| | | NOT TRANSPORTED | | | | Line rigority racrimitor | | Livio Rair " | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | | |
| Distracted By Source | | | | | | I . | | <u> </u> | | | |
| | | Distracted By Action | | | | | | | | | |
| | | Non Motorial | Striking Unit | # | Location | | | | | | |
| | | Non Motorist | | | | | | | | | |

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Crash Date 02/23/2019

Crash Time 11:06 PM

| | | Prior Action | | | | | |
|------|------------|-----------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
| Ŀ | OUAL | Action | | | | | |
| TINO | INDIVIDUAL | | | | | | |
| | | Action Other | | | | | To/From School |
| | L | Orug & Alcohol NO | Alcohol Use | Suspected Drug Use NO | | | - L |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | S | |
| 6 | 005 | Drug Type | | | | | |
| İ | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |