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19-02287

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 19-02287, Investigating Officer/Deputy DEPUTY A. BREUNIG, Crash Date 02/24/2019, Crash Time 12:55 PM, Date Arrived 02/24/2019, Time Arrived 12:57 PM, Date Notified 02/24/2019, Time Notified 12:57 PM, Total Units 01, Total Injured, Total Killed, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type DT4000 (STANDARD CRASH), Amended, Secondary Crash

Description

Diagram, Reconstruction By, Photos By, Additional Information, 01, [Vehicle Diagram], [Compass]

[X] I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
UNIT 1 WAS NORTHBOUND ON USH 12. THE ROAD WAS SNOW AND ICE COVERED. THE WIND WAS BLOWING AND THERE WAS DRIFTING SNOW. UNIT 1 LOST CONTROL AND SLID OFF. THERE WAS NO DAMAGE.

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**Location**

ON USH12 WB 0.57 MI N OF PRAIRIE ST/ CTHPF NB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.301327808</b>	Longitude <b>-89.759025233</b>
	X Coordinate <b>276213.1875</b>	Y Coordinate <b>4797974.5</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW, ICE</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>BLOWING 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>NON-JUNCTION</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	Total Trailers <b>0</b>	Total HazMat Types		
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>DITCH</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</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>Vehicle</b>					
		License Plate Number <b>AAL3046</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>2T1BR32E98C858075</b>		Make <b>TOYOTA</b>	Year <b>2008</b>	Model <b>COROLLA CE</b>			
Color <b>BLU - BLUE</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>			
Initial Contact Point <b>6--REAR</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>EVERETTS TOWING</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</b>			
01	01	Owner Name <b>SAMANTHA KEENE (608) 851-0662</b>		Owner Address <b>2129 COUNTY ROAD Y ARGYLE, WI 53504 , US</b>
<b>Sequence Of Events</b>				
01	01	Event <b>DITCH</b>		
02	02	Event		
03	03	Event		
04	04	Event		
<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>SAMANTHA KEENE (608) 851-0662</b>		Citations Issued	Sex <b>FEMALE</b>
	Address <b>2129 COUNTY ROAD Y ARGYLE, WI 53504 , US</b>		Date of Birth	Race <b>WHITE</b>
	On Duty Crash		Safety Equipment	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>	
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
01	001	<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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
<b>Distracted By Action</b> <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>		Striking Unit #	Location	

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<b>UNIT</b>	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>			
	<b>01</b>	<b>001</b>		