

6TL09T1TMV

19-02230

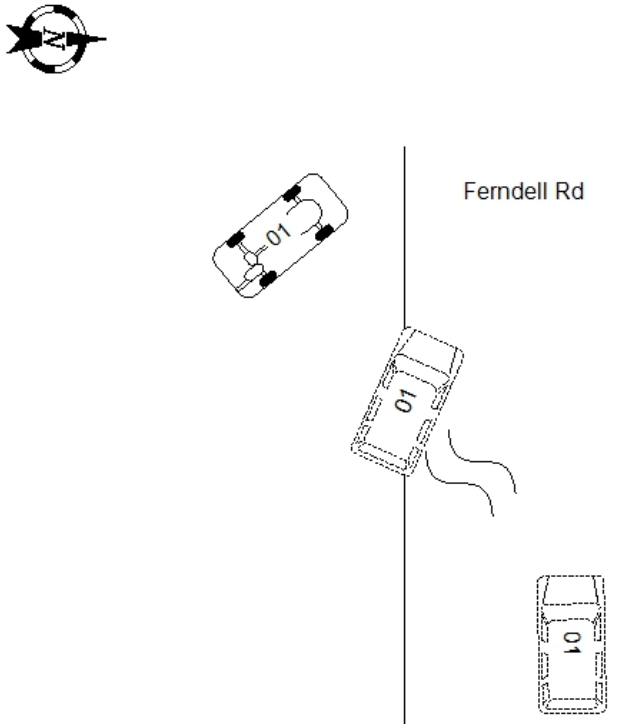
WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL09T1TMV

Document Number Override		Primary Crash Document #	Agency Crash Number 19-02230	Investigating Officer/Deputy DEPUTY J. BODDEN	
Crash Date 02/23/2019		Crash Time 04:00 AM	Date Arrived 02/23/2019	Time Arrived 04:31 AM	
Date Notified 02/23/2019		Time Notified 04:21 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 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

Diagram  <p>not to scale</p>	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 WEST ON FERNDELL RD. DRIVER STATED HE HIT A PATCH OF ICE AND LOST CONTROL OF UNIT 1. UNIT 1 WENT ACROSS THE LANE OF TRAFFIC AND DOWN AN EMBANKMENT. UNIT 1 ROLLED OVER AND LANDED ON THE TOP OF THE VEHICLE. NO INJURIES WERE REPORTED BY ALL PARTIES. DRIVER WAS CITED WITH MULTIPLE CITATIONS.

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Location

ON FERN DELL RD 0.32 MI E OF ISHNALA RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.561366803	Longitude -89.792371416
	X Coordinate 274476.75	Y Coordinate 4826945.5
	Structure Type	

Crash Scene

First Harmful Event EMBANKMENT	First Harmful Event Location ROADSIDE	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW, ICE	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway TRAFFICWAY - NOT 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 (SPORT) UTILITY VEHICLE				Operating As Endorsements		
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 2		
	Most Harmful Event: Collision With EMBANKMENT		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 CONCRETE		Road Curvature STRAIGHT		Road Grade DOWNHILL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE	Vehicle					
		License Plate Number 922MMB		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number IGNDT13S242419898		Make CHEVROLET	Year 2004	Model TRAILBLAZE			
Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS			
Initial Contact Point 11--LEFT FRONT CORNER		Vehicle Damage					
Extent Of Damage DISABLING DAMAGE		ALL AREAS					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND			
01	Owner Name LAURIE ANN CONDON (262) 745-5301		Owner Address W4178 COUNTY ROAD J EAST TROY, WI 53120 , US	
	Sequence Of Events			
01	01	Event EMBANKMENT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual LAURIE CONDON	
UNIT INDIVIDUAL	Individual			
	Driver CODY J CONDON (262) 745-5231		Citations Issued 3	Sex MALE
	Address 4511 W 36 1/2 ST APT #4 SAINT LOUIS PARK, MN 55416 , US		Date of Birth	Race WHITE
	Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment NONE USED - VEHICLE OCCUPANT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag 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 UNKNOWN		
Distracted By Action UNKNOWN				

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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					
		Individual					
		Passenger KYLE J REITMAIER (815) 566-5501			Citations Issued 0	Sex MALE	
		Address 305 S 5TH ST MARSHALL, MN 56258 , US			Date of Birth WHITE		
		Driver License Number			Race		
		Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		Helmet Compliance					
Helmet Use		Tint Compliance					
Eye Protection		Airbag NON DEPLOYED					
01	002	Injury		Injury Severity NO APPARENT INJURY	Airbag 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			
		Distracted By Action					
Non Motorist		Striking Unit #	Location				

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UNIT	Prior Action			
	Action			
	Action Other		To/From School	
01	002	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		
UNIT	INDIVIDUAL	Individual		
		Passenger LANDON J VAN OVERDEKE (507) 530-3414	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE	
		Address 305 S 5TH ST MARSHALL, MN 56258 , US	Driver License Number	
		Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
01	003	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	Helmet Compliance	
		Helmet Use	Tint Compliance	
		Eye Protection	Injury	
		Injury Severity NO APPARENT INJURY	Airbag 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				
Distracted By Action				
Non Motorist				
Striking Unit #	Location			

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UNIT	INDIVIDUAL			
	Prior Action			
	Action			
	Action Other			To/From School
	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			
	Violations			
01 02 03	UTC Number BB954720	Issue To? 001	Statute Number 347.48(2m)(b)	Description VEHICLE OPERATOR FAIL/WEAR SEAT BELT
	UTC Number BB954721	Issue To? 001	Statute Number 346.70(1)	Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT
	UTC Number BB954722	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST FOR CONDITIONS