

6TL09PBQBR  
19-02651

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL09PBQBR

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-02651</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>03/06/2019</b>		Crash Time <b>03:30 PM</b>	Date Arrived <b>03/06/2019</b>	Time Arrived <b>03:47 PM</b>	
Date Notified <b>03/06/2019</b>		Time Notified <b>03:30 PM</b>	Total Units <b>01</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>USH 12</p> <p>Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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 IN THE RIGHT LANE. UNIT 1 OPERATOR STATES A CAR ABRUPTLY PULLED IN FRONT OF HER VEHICLE. UNIT 1 OPERATOR STATES SHE BRAKED AND THE ITEMS ON HER FRONT PASSENGER SEAT WERE GOING TO FALL TO THE FLOOR. UNIT 1 OPERATOR ATTEMPTED TO STOP THE ITEMS FROM FALLING AND TOOK HER ATTENTION OFF THE ROAD. UNIT 1 OPERATOR STEERED TO THE LEFT AND CROSSED THE LEFT NORTHBOUND LANE, CROSSED THE MEDIAN AND CROSSED BOTH OF THE SOUTHBOUND LANES, UNIT 1 ENTERED THE WEST DITCH, TRAVELING THROUGH/OVER THE SNOW BANK, STRUCK 2 WOODEN POSTS MARKING UNDERGROUND WIRES, AND CAME TO REST IN A GROUP OF SMALL TREES/SHRUBS FACING NORTHWEST.

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Location

ON USH12 WB 0.65 MI N OF CTHZ EB IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude <b>43.327568274</b>	Longitude <b>-89.75890486</b>
	X Coordinate <b>276319.28125</b>	Y Coordinate <b>4800888.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>OTHER POST, POLE OR SUPPORT</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>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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>	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 <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>OTHER POST, POLE OR SUPPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</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>Vehicle</b>						
	<b>01</b>	License Plate Number <b>ABR4891</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1G1JE6SB2C4215103</b>		Make <b>CHEVROLET</b>	Year <b>2012</b>	Model <b>SONIC LTZ</b>	
		Color <b>GRY - GRAY</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>	
	<b>VEHICLE</b>	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage			
Extent Of Damage <b>DISABLING DAMAGE</b>		<b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>					

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>			
01	Owner Name <b>BRITTANY RAMSEY (608) 448-7955</b>		Owner Address <b>100 LINN ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>OTHER OBJECT - NOT FIXED</b>		
	02	Event <b>OTHER POST, POLE OR SUPPORT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>BRITTANY RAMSEY</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>BRITTANY RAMSEY (608) 448-7955</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>100 LINN ST BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>POSSIBLE 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>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>	EMS Run #	
Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)</b>		
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		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>					

**Witness**

WITN 01 ESS	Individual <b>JAMES SCHMITT</b> (608) 220-3712	Address <b>737 WINDMILL DR</b> <b>MAZOMANIE, WI 53560 , US</b>	Date of Birth

**Witness**

WITN 02 ESS	Individual <b>SEAN WILLIAMS</b> (920) 209-0077	Address <b>1970 CZECH CT</b> <b>ARKDALE, WI 54613 , US</b>	Date of Birth