

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL0BFKD9W

Document Number Override		Primary Crash Document #		Agency Crash Number 19-02828		Investigating Officer/Deputy DEPUTY H. LARKIN		
Crash Date 03/10/2019		Crash Time 12:20 PM		Date Arrived 03/10/2019		Time Arrived 12:44 PM		
Date Notified 03/10/2019		Time Notified 12:30 PM		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

<p>Diagram</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 WB ON CTH P. UNIT 1 STRUCK A PATCH OF ICE AND CONTINUED DRIVING ACROSS THE CENTERLINE. IN ORDER TO AVOID ONCOMING TRAFFIC, UNIT 1 TRAVELED INTO THE SOUTH SIDE EMBANKMENT. UNIT 1 ROLLED APPROXIMATELY ONE TIME BEFORE COMING TO REST ON IT'S WHEEL.

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Location

ON CTHP WB 0.55 MI E OF SIMPSON RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.590501959	Longitude -89.89135622
	X Coordinate 266594.65625	Y Coordinate 4830455
	Structure Type	

Crash Scene

First Harmful Event EMBANKMENT	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) WET, SLUSH, ICE	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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	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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With OVERTURN/ROLLOVER		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 BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	01	License Plate Number 832ZSV	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number ML32F3FJ4HHF10038	Make MITSUBISHI	Year 2017	Model MIRAGE
	VEHICLE	Color BLK - BLACK	Body Style SD - SEDAN		Bus Use NOT A BUS
		Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage		
Extent Of Damage DISABLING DAMAGE		10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, TOP			

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name ALISHA STEARNS (715) 271-7987		Owner Address 1705 COTTONTAIL LN # 5 REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01	01	Event CROSS CENTERLINE		
	02	Event EMBANKMENT		
	03	Event OVERTURN/ROLLOVER		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual MICHAEL STEARNS	
UNIT INDIVIDUAL	Individual			
	Driver MICHAEL STEARNS (715) 271-7987		Citations Issued 0	Sex MALE
	Address 1705 COTTONTAIL LN # 5 REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	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	
	Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-COMBINATION
001	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 Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By		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			