

6TL097RB36
19-02877

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL097RB36

| | | | | | |
|--|---|--|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 19-02877 | Investigating Officer/Deputy DEPUTY J. EYTALIS | |
| Crash Date 03/11/2019 | | Crash Time 04:53 PM | Date Arrived 03/11/2019 | Time Arrived 05:17 PM | |
| Date Notified 03/11/2019 | | Time Notified 04:58 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 W/B ON FERN DELL RD AND LOST CONTROL ON THE ICE COVERED ROADWAY. UNIT 1 BEGAN TO TURN S/B IN THE ROADWAY. UNIT 1 SLID INTO A MAIL BOX AT E10607 FERN DELL RD CAUSING DAMAGE TO UNIT 1 AND THE MAIL BOX. UNIT 1 BECAME STUCK IN THE SNOWBANK. NO INJURIES OBSERVED. BILLS TOWING WAS ABLE REMOVED UNIT 1 FROM THE SNOWBANK.

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Location

| | | |
|--|---|-----------------------------------|
| ON E10607 FERN DELL RD 0.29 MI E OF ISHNALA RD (HOUSE/BUILDING E10607) IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.561356246 | Longitude -89.793155417 |
| | X Coordinate 274413.40625 | Y Coordinate 4826946.5 |
| | Structure Type HOUSE/BUILDING | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event MAILBOX | First Harmful Event Location ON ROADWAY | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAYLIGHT | |
| Road Surface Condition(s) WET, SNOW, SLUSH, ICE | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| 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 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification C CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | Operating As Endorsements | | | |
| | Total Occs 2 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input checked="" type="checkbox"/> Pre CrashTire Mark | Speed Limit 35 | Total Lanes 2 |
| | Most Harmful Event: Collision With MAILBOX | 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 STRAIGHT | | Road Grade DOWNHILL | |
| | Truck Bus or HazMat NO | | | | |

| | | | | |
|--|---|--|---------------------|---|
| UNIT 01 VEHICLE | Vehicle | | | |
| | License Plate Number ABH2617 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1G2WK52J0YF331553 | Make PONTIAC | Year 2000 | Model GRAND PRIX |
| | Color BRZ - BRONZE | Body Style 4D - 4DR | | Bus Use NOT A BUS |
| | Initial Contact Point 2--RIGHT SIDE FRONT | Vehicle Damage 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR | | |
| Extent Of Damage MINOR DAMAGE | | | | |

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| | | | | |
|---|---|--|--|---|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By BILLS TOWING | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 | 01 | Owner Name MELINDA SMET (608) 963-1532 | | Owner Address 1231 CONNIE RD # 7 BARABOO, WI 53913 , US |
| Sequence Of Events | | | | |
| | 01 | Event MAILBOX | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company GENERAL-INS-CO-OF-AMERICA-(C/O-SAFECO-I | | Individual MELINDA SMET | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver MELINDA SMET (608) 963-1532 | | Citations Issued 0 | Sex FEMALE |
| | Address 1231 CONNIE RD # 7 BARABOO, WI 53913 , US | | Date of Birth | Race WHITE |
| | Driver License Number | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| UNIT INDIVIDUAL | 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 | |
| | 01 001 | Injury | | Injury Severity NO APPARENT INJURY |
| | | Airbag NON DEPLOYED | | |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | |
| Medical Transport NOT TRANSPORTED | | Trapped/Extricated NOT TRAPPED | | |
| Hospital | | EMS Agency Identifier | EMS Run # | |
| | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | | |
|--|-------------------|--|------------|--|--|-----------------------|--|
| 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 CINDY SMET (608) 477-3127 | | | Citations Issued 0 | Sex FEMALE | |
| | | Address 214 2ND AVE BARABOO, WI 53913 , US | | | Date of Birth | Race WHITE | |
| | | Driver License Number | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| | | 01 | 002 | 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 | | | |
| Injury | | | | Injury Severity NO APPARENT INJURY | Ejection Path NOT EJECTED/NOT APPLICABLE | | |
| Ejected NOT EJECTED | | | | Trapped/Extricated NOT TRAPPED | | EMS Agency Identifier | |
| Medical Transport NOT TRANSPORTED | | | | Date of Death | | EMS Run # | |
| Hospital | | | | Time of Death | | Distracted By Source | |
| Distracted By | | | | | | | |
| Distracted By Action | | | | | | | |
| Non Motorist | | Striking Unit # | Location | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | |
|-------------|--|------------------------------------|---------------------------------|--|--|
| UNIT | 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 | | | | |
| | 01 | 002 | | | |