

6TL0B3P3F2  
19-02815

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0B3P3F2

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-02815</b>	Investigating Officer/Deputy <b>DEPUTY S. PARKHURST</b>	
Crash Date <b>03/10/2019</b>		Crash Time <b>12:10 AM</b>	Date Arrived <b>03/10/2019</b>	Time Arrived <b>01:27 AM</b>	
Date Notified <b>03/10/2019</b>		Time Notified <b>01:11 AM</b>	Total Units <b>01</b>	Total Injured <b>00</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 type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram  <p style="text-align: center; font-size: 2em;">Slide Off</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 AND LOST CONTROL ENTERING THE DITCH.

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Location

INTERSECTION ON AT IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.538940019</b>	Longitude <b>-89.767375137</b>
	X Coordinate <b>276412.6875</b>	Y Coordinate <b>4824387</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW, SLUSH, ICE</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - NOT 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>2</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>35</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>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>989ZSP</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FAHP2KT3GG140391</b>	Make <b>FORD</b>	Year <b>2016</b>	Model <b>TAURUS</b>
		Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>NON-COLLISION</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>OWNER</b>		
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>SPEED TOO FAST/COND</b>				
01	01	Owner Name <b>DELANO F CLEVELAND (000) 000-0000</b>		Owner Address <b>W1903-1 DOMBECK RD LYNDON STATION, WI 53944 , US</b>	
<b>Sequence Of Events</b>					
	01	Event <b>DITCH</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>DELANO CLEVELAND</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>MARSHALL J POITRA (000) 000-0000</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>3333 BIA RD 8 PO BOX 277 DUNSEITH, ND 58329 , US</b>		Date of Birth	Race <b>INDIAN</b>	
			Driver License Number <b>STATE: NORTH DAKOTA COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL	<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		
	01	001	<b>Injury</b>		Airbag
			Injury Severity <b>NO APPARENT INJURY</b>	<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>			
Distracted By Action <b>NOT DISTRACTED</b>					

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
<b>01</b>	<b>001</b>	<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>Individual</b>						
		Passenger <b>DELANO F CLEVELAND (000) 000-0000</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>W1903-1 DOMBECK RD LYNDON STATION, WI 53944 , US</b>			Date of Birth	Race <b>INDIAN</b>		
		Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES			
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>				<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
<b>01</b>	<b>002</b>			<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		
				Distracted By Action				
<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>002</b>			