

6TL097RB35

19-02661

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL097RB35

| | | | | | | | | |
|--|--------------------------------------|--|------------------------------------|--|---|---|---------------------------|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 19-02661 | | Investigating Officer/Deputy DEPUTY J. EYALIS | | |
| Crash Date 03/06/2019 | | Crash Time 06:29 PM | | Date Arrived 03/06/2019 | | Time Arrived 06:44 PM | | |
| Date Notified 03/06/2019 | | Time Notified 06:32 PM | | Total Units 01 | | Total Injured 02 | 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 | 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 E/B ON JONES RD. OPERATOR OF UNIT 1 LOST CONTROL OF THE VEHICLE AND ENTERED THE DITCH ON THE SOUTH SIDE OF THE ROAD. UNIT 1 HIT A FENCE AND ROLLED OVER ONE TIME LANDING ON ITS WHEELS.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON JONES RD 0.33 MI W OF NEUHEISEL RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY | Latitude 43.197026829 | Longitude -90.045640582 |
| | X Coordinate 252542.015625 | Y Coordinate 4787199 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event DITCH | First Harmful Event Location ON ROADWAY | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY, 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 | Unit Status IN TRANSIT | Vehicle Operating As Classification D 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? UNKNOWN | Direction Of Travel EASTBOUND | <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 STRAIGHT | | Road Grade LEVEL |
| | Truck Bus or HazMat NO | | | | |

| | | | | | |
|-------------|----------------|---|---------------------------------------|---------------------|---|
| UNIT | Vehicle | | | | |
| | 01 | License Plate Number 780VSE | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1N4AL21E58C161199 | Make NISSAN | Year 2008 | Model ALTIMA |
| | VEHICLE | Color GRY - GRAY | Body Style SD - SEDAN | | Bus Use NOT A BUS |
| | | Initial Contact Point 1--RIGHT FRONT CORNER | Vehicle Damage | | |
| | | Extent Of Damage DISABLING DAMAGE | ALL AREAS | | |

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| | | | | |
|--|---|--|---|----------------------|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By GEORGES AUTO BODY | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors NOT APPLICABLE | |
| | Driver Prior Action Other | | | |
| | Driver Actions UNKNOWN | | | |
| 01 01 | Owner Name DANIELLE PATRICE WALKEY (608) 931-8692 | | Owner Address 1765 CONGRESS AVE BELOIT, WI 53511 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event DITCH | | | |
| | Event FENCE | | | |
| | Event OVERTURN/ROLLOVER | | | |
| | Event | | | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver DANIELLE PATRICE WALKEY (608) 931-8692 | | Citations Issued 0 | Sex FEMALE |
| | Address 1765 CONGRESS AVE BELOIT, WI 53511 , US | | Date of Birth | Race WHITE |
| | On Duty Crash | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | Safety Equipment | | Safety Equipment | |
| | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | OTHER | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| 01 001 | Injury | | Airbag | |
| | Injury Severity SUSPECTED SERIOUS INJUR | | NON DEPLOYED | |
| | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED | |
| | Medical Transport EMS GROUND | | EMS Agency Identifier 6000554 | EMS Run # |
| Hospital SAUK PRAIRIE HOSP | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source HANDS-FREE MOBILE PHONE | | |
| Distracted By Action UNKNOWN | | | | |
| Non Motorist | | Striking Unit # | Location | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | | |
|--|-------------------|--|---|--|--|---|--|
| UNIT | INDIVIDUAL | Prior Action | | | | | |
| | | Action | | | | | |
| | | Action Other | | To/From School | | | |
| 01 | 001 | Drug & Alcohol | Suspected Alcohol Use YES | Suspected Drug Use YES | | | |
| | | 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 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL | | | | | |
| | | Individual | | | | | |
| | | Passenger DUSTIN LEE HAAS (608) 931-8692 | Citations Issued 0 | Sex MALE | | | |
| | | Date of Birth | Race WHITE | | | | |
| | | Address 1101 CONNIE RD # 4 BARABOO, WI 53913 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | |
| | | UNIT | INDIVIDUAL | Safety Equipment | On Duty Crash | Safety Equipment NOT APPLICABLE | |
| Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER | | | | | | | |
| Helmet Use | Helmet Compliance | | | | | | |
| Eye Protection | Tint Compliance | | | | | | |
| 01 | 002 | | | Injury | Injury Severity SUSPECTED SERIOUS INJUR | Airbag NON DEPLOYED | |
| | | | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED | |
| | | | | Medical Transport EMS GROUND | EMS Agency Identifier 6000554 | EMS Run # | |
| | | | | Hospital UW HEALTH-AMERICAN CENTER | Date of Death | Time of Death | |
| | | | | Distracted By | Distracted By Source | | |
| | | | | 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 PHYSICALLY IMPAIRED | | |
| | 01 | 002 | |