



6TL0BC3B34

19-05688

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

**Location**

ON CTHH WB 987 FT W OF TOWN HALL RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude <b>43.592893784</b>	Longitude <b>-89.920982624</b>
	X Coordinate <b>264212.3125</b>	Y Coordinate <b>4830804</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</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>STRAIGHT</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>LD2791</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3B7HF13Y9XG180819</b>	Make <b>DODGE</b>	Year <b>1999</b>	Model <b>RAM 1500 Q</b>
		Color <b>PLE - PURPLE</b>	Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>1--RIGHT FRONT CORNER</b>	Vehicle Damage		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT</b>				

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UNIT VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>RAN OFF ROADWAY</b>			
01 01	Owner Name <b>AMANDA L MATHIS</b>		Owner Address <b>111 S EAST ST LAVALLE, WI 53941 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>RUN OFF ROADWAY RIGHT</b>			
	Event <b>DITCH</b>			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PERMANENT-GENERAL-ASSURANCE-CORP</b>		Individual <b>JASON MATHIS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JASON S MATHIS (608) 415-9670</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>111 S EAST ST LAVALLE, WI 53941 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<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>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>UNKNOWN</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<b>Non Motorist</b>	Striking Unit #	Location			
		Prior Action				
	<b>INDIVIDUAL</b>	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>NOT OBSERVED</b>					
	<b>Property Owner</b>					
<b>PROP OWNER</b>	<b>01</b>	Government <b>TOWNSHIP OF DELLONA</b> (608) 524-0800		Address <b>E8062 CTH H</b> <b>REEDSBURG, WI 53959 , US</b>		
		<b>Fixed Objects Struck</b>				
<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>DITCH</b>		Structure Number	Damage Tag Number <b>NA</b>	