

6TL09XQZ0F

19-06805

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>19-06805</b>		Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>06/07/2019</b>		Crash Time <b>11:50 PM</b>		Date Arrived <b>06/08/2019</b>		Time Arrived <b>12:55 AM</b>	
Date Notified <b>06/08/2019</b>		Time Notified <b>12:50 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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 checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

## Description

<p>Diagram</p> <p>NOT TO SCALE</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.

MAILBOX WAS STRUCK BELONGING TO E5428 JONES ROAD. UNIT 1 IS UNKNOWN MAKE OR MODEL. NO OPERATORS FOR SUSPECTS. UNIT 1 TRAVELING EASTBOUND STRUCK MAILBOX.

## Location

<b>ON JONES RD 0.46 MI E OF LIEGEL COURT RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY</b>	Latitude <b>43.197138337</b>	Longitude <b>-90.048219176</b>
	X Coordinate <b>252332.953125</b>	Y Coordinate <b>4787219</b>
	Structure Type	

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First Harmful Event <b>MAILBOX</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>DRY</b>		<b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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 01	Unit Status <b>HIT AND RUN</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>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>UNKNOWN</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MAILBOX</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>					
UNIT 01	<b>Vehicle</b>					
	License Plate Number		Plate Type	St	Country of Issuance	
	Vehicle Identification Number		Make	Year	Model	
	Color		Body Style		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>VEHICLE NOT AT SCENE</b>		<b>VEHICLE NOT AT SCENE</b>			
	Extent Of Damage <b>VEHICLE NOT AT SCENE</b>					
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>UNKNOWN</b>		<b>UNKNOWN</b>			
Driver Prior Action Other						

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UNIT	VEHICLE	Driver Actions <b>UNKNOWN</b>		
		Owner Name	Owner Address , ,	
01	01			
<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>MAILBOX</b>	
		02	Event	
		03	Event	
		04	Event	
<b>Individual</b>				
UNIT	INDIVIDUAL	Driver	Citations Issued <b>0</b>	
		Sex		
		Date of Birth	Race	
		Address , ,	Driver License Number	
<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
UNIT	INDIVIDUAL	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>RESTRAINT USE UNKNOWN</b>	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>
UNIT	INDIVIDUAL	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</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				
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location
		Prior Action		

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UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use		Suspected Drug Use	
		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>					
		Property Owner					
		PROP OWNER	01	Individual MELISSA MARIE LARRABEE (608) 220-0853		Address E5428 JONES RD SPRING GREEN, WI 53588 , US	
				Fixed Objects Struck			
01	Striking Unit 01		Struck Object MAILBOX		Structure Number	Damage Tag Number 00000	